



Health Hunters

Newsletter

A service of Riordan Clinic, cofounded in 1975 by Olive W. Garvey and Hugh D. Riordan. The Riordan Clinic is a not-for-profit 501(c)(3) corporation. Go to www.riordanclinic.org to make your tax deductible donation today or visit us at 3100 N. Hillside, Wichita, KS 67219.

The Straight Skinny on Fat

by Jennifer Kaumeyer, ND

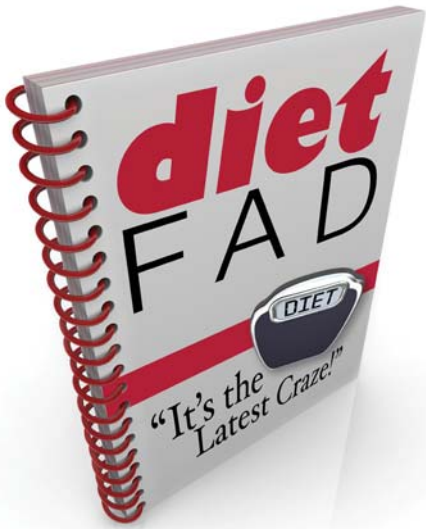


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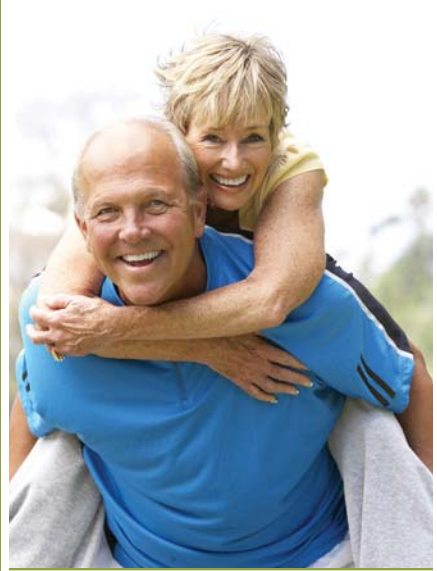
Everyone seems so confused on what and how to eat. There has to be more than 100 different “diets” currently being marketed in the United States. The “obesity industry” will likely top \$315 billion this year. But the grim statistic shows that 95% of diets fail and most dieters will regain their lost weight in 1-5 years. Why are these diets failing? And why are we gaining so much weight in the first place? About 5 years ago before my grandmother passed away, I asked her if she remembered seeing obese adults when she was young. She told me it was very rare, the exception; and there certainly were no obese children. Now in 2014, obesity is an epidemic! In 1996, Surgeon General C. Everett Koop declared a “War on Obesity.” Is obesity a cause of our current increase in degenerative diseases, or is it just another symptom of a deeper more complex origin? Is obesity what we are really fighting and should we be fighting anything at all? By the end of this article, I hope that I have answered this and have been able to create a new way of thinking, one that involves awakening every level of your awareness: the mental, emotional, environmental and physical.

Most of the diets currently on the market are based around the calorie in/calorie out model. I am sorry to say it is much more complicated than that. Our bodies have complex regulatory mechanisms for food intake and energy expenditure, so amazing that the complexity continues to astonish scientists and doctors who are seeking to understand these relationships. The more we learn, the more we are humbled by the miracle of our bodies. You are not a single being but rather a community of cells and bacteria that are working together in harmony toward the survival of you. Health, longevity, energy, and aging are all dependent on the communication between the different parts of you and your microbes.



This communication is through the use of

hormones. Our hormones work together to keep the body in homeostasis, so when the environment of the body changes (weather, food, medications, supplements, chemicals, etc.) the whole hormone system changes, not just one parameter. A disease is never a disease of an individual part. For instance, osteoporosis is not due to lack of calcium; anemia is not about lack of iron; high cholesterol is not a problem of high consumption of cholesterol; diabetes is not a disease of blood sugar, and hypertension is definitely not about salt. Therefore, when you look at weight loss you have to look much deeper than the surface—obviously; it is more than just a calorie in/calorie out model, as those



Hormones and Fat Loss continues on page 2...

Contact the Editor

Please send any comments or suggestions to newseditor@riordanclinic.org.

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mechanisms fail terribly. Weight loss is in fact about hormones! Hormones tell your body when to eat, when to store fat, and when to increase sugar for energy, as opposed to fat and protein. The system is not a closed system but rather a system of loops and feedbacks that communicate to each other the delicate homeostasis that is required for life. With the right food at the right time this communication and harmony give health and longevity. The very hormonal systems that are in place to help us survive are now, in modern life, creating disease and death. I repeat:

the very hormonal systems that are in place to help us survive are now, in modern life, creating disease and death.

I will explain to you how we have gotten ourselves to this place of seemingly no return, but first let me start with a few definitions.

Fructose—A monosaccharide sugar found naturally in fruit. Fructose is also 1 of 2 sugars that make up the composition of “sucrose,” aka sugar cane, white sugar, turbinado sugar, evaporated cane juice, table sugar, etc. Fructose is also found in high fructose corn syrup and grains. Vegetables contain very little fructose.

Hypothalamus—A hormone gland located in our brain that coordinates hormonal and behavioral circadian rhythms. It controls hunger, body temperature, thirst, attachment behaviors, energy and sleep.

Leptin—A hormone discovered in 1994. It acts as a messenger from stored fat to the brain to signal how much fat is in storage. More fat, more leptin. Leptin sends a signal to the body that the body feels full, or sated.

HORMONAL CONTROL OF APPETITE AND FAT LOSS

There are many hormones involved in the regulation of appetite including insulin, ghrelin, melatonin, and prolactin, but for the simplicity of this article, I will talk mostly about leptin. I want to emphasize that despite the fact that we have 24-hour fast food restaurants on every corner, our DNA always expects that food will run out soon. Therefore, the only way to survive the coming famine is to have high appetites and store more energy as fat. The problem is we no longer have famines. Through research we have discovered that leptin is responsible for shutting off our appetites. It is secreted by our fat cells and sent to our central nervous system to stimulate a decrease in energy consumption, therefore, the more fat we have the higher amount of leptin we have in our blood. But in modern times it seems like leptin is no longer working, which led to the theory of “leptin resistance.”



Leptin resistance is when the hypothalamus does not respond, no matter how high our leptin level climbs.

How does this happen and why in the world would our bodies do that? One word—fructose. The over consumption of fructose is what creates leptin resistance. Fructose is only metabolized in the liver. Once the liver has received all the energy it needs, the rest of the fructose is turned into triglycerides, sent into the blood to the fat cells for

Bio-Center Laboratory

Charles T. Hinshaw, Jr., M.D., Director

Tests available for the evaluation of obesity, including risk of obesity include:

- 1) **Blood glucose**—for evaluation of carbohydrate intake and insulin resistance
- 2) **Insulin**—for evaluation of pancreatic functional status and insulin resistance
- 3) **Chromium, niacin, glycine, glutamic acid and cysteine**—components of glucose tolerance factor (GTF) which may bind insulin to cell membrane receptors
- 4) **HbA1c**—a measure of average blood glucose level over the most recent 120 days
- 5) **Blood triglycerides**—indicator of fructose and sugar intake, plus liver function
- 6) **CRPs**—a measure of inflammation, thought to be a major reaction to obesity
- 7) **Leptin**—evaluates leptin levels, which regulate fat content and energy output from fat cells

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Hormones and Fat Loss continued from page 2...

storage. While the triglycerides are in the blood, they prevent leptin from binding to cell receptors in the hypothalamus. Therefore the more fructose you eat the more fat you build and the hungrier you become! Think about it, it's so easy to eat a pan of brownies, but to overeat the same calorie content of chicken is virtually impossible.

When I learned about this leptin discovery the first thing I had to do was figure out why our bodies create leptin resistance. Through my research I learned that we are dependent on this leptin resistance, and in fact, this is how we once survived the harsh winters. Before modern times, fructose was only consumed in high amounts during the spring, summer and fall when the high fructose fruits and vegetables were at their peak. Leptin resistance kept our species searching for food during this time to store brown fat for the cold, food-scarce winter that would follow. It also kept our ancestors' appetites high so they continued eating and slowed their metabolism as they didn't have to use much energy for warmth or to find food. Summer was a fat storing time. When winter came along and fructose was scarce, leptin resistance was reversed and they went into fat burning mode and metabolism was increased. They needed the higher metabolism for thermogenesis to stay warm and the energy to seek out food. Food was not readily available during this time and those who survived had higher metabolisms and lower appetites. Winter was a fat burning time. I find this interesting because most of our society now lives in the illusion that summer is fat burning and winter is fat storing, but the reality is our bodies are not hormonally aware of how drastic life has changed over the last century. Leptin resistance also slowed thyroid function and decreased fertility. Leptin resistance was meant to be reversed with the natural cycle and never meant to continue on forever. All of these modern day symptoms of "dis-ease" are just the body trying so desperately to follow its natural rhythms that we all so ignorantly ignore.



THE FOLLOWING IS A LIST OF SYMPTOMS ASSOCIATED WITH LEPTIN RESISTANCE:

- Uncontrolled cravings, especially sweet foods and refined carbohydrates (crackers, chips, etc.)
- Late-night eating
- Stress eating
- Weight gain around the middle
- Inability to reach a goal weight
- Yo-yo dieting
- Thyroid symptoms
- Infertility



Are these symptoms familiar to you? If so, you are probably leptin resistant. There is no drug that could ever manipulate leptin, so there is no impetus for drug companies to study it, hence why I believe most doctors do not know about it.

This is a greatly simplified explanation as there are so many other factors that affect our fat burning and fat storing hormones, one of those factors

Hormones and Fat Loss continues on page 4...

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HCG Rx+ Weight Loss Intervention: A Patient Profile

by Pam Olberding

Want to lose weight and return to a healthier you?

Consider our doctor-supervised HCG Rx+ Weight Loss Intervention program. This HCG program was the answer for one of our co-learners. Terry, a very busy medical professional, really didn't think HCG was going to work for him. But after watching his wife progress through the program and seeing her surpass her goal weight, he decided to try it.

The prescription HCG in the Riordan Clinic program can be administered in several forms: nasal spray, injectable, or a sublingual tablet which dissolves in the mouth. Terry started with the sublingual tablet, but since his profession requires talking with his patients, he found that it was too time consuming to wait for it to dissolve. Two weeks into the short program and fully on board, he decided to extend to the longer program and also switched to the injectable form of HCG.

After six weeks of diligence, he is very happy with his results. Starting at 212.4 pounds on 2/24/14, he came in for his weekly check-in on 3/3/2014 and his weight was 201.0. Checking in again on 3/20/14, his weight was 196.0 and on 4/10/14, he was almost unrecognizable at 182.0 pounds. I asked his wife if she knew that guy standing nearby and she stated it looked like someone she married 30 years ago. He is planning a shopping trip for smaller clothing! At the printing of this article, Terry was in the maintenance phase of the program. His goal is to be around his college weight of 165 pounds. Terry states that though he was miserable when he first started the program while adjusting to the lower calorie intake, he loves it now!

being sleep and melatonin. The more melatonin production, the more fat burning we experience. The less melatonin we produce, the more fat storing. Longer days = less melatonin = increased body fat. Again, summer is fat storing. The more melatonin we produce, the more fat our bodies will burn. Shorter days = more melatonin = decreased body fat. This is why sleep is so important in order to lose weight and why we must do our best to follow the natural circadian rhythm of the earth. Does insomnia cause weight gain and/or does weight gain lead to abnormal hormones that promote insomnia? In other words, did the chicken or the egg come first? It is very hard to say, however, it does make sense to work on both at the same time in order to balance out the body's hormonal system. This is why taking a holistic (meaning "whole body") approach is crucial if we really want to experience healing.



Returning to my earlier question, is obesity the cause of modern day degenerative diseases? NO. Obesity is merely a symptom of the underlying hormonal imbalance that we all have created through industrialization and our modern day life. Our world has drastically changed over the last century, so quickly that our bodies have not been able to adapt. This brings me back to question #2.

Should we be fighting this epidemic? I say no. We can try to fight nature but nature will always win. What we need to do is educate ourselves. We can no longer rely on our hormones to properly regulate our appetite and have to begin making educated decisions. We must understand how we got here, learn how to reverse it, and then allow our hormones to regulate. We have to make informed choices that allow our bodies to work as they were intended. If not, we will continue to have symptoms as our bodies try so hard to stay in homeostasis. The real answer is not to start a "fight" or "war" against obesity but rather learn how to return to a life lived in better harmony with nature. Even though our society seems to be progressing in the complete opposite direction, there is a lot we can control and with this knowledge we can try our best to help our bodies stay within the natural circadian rhythms of life and prevent disease and suffering. Next time your doctor tells you diet does not matter and/or natural substances cannot be powerful, I would suggest you run, and run far!

1. Shapiro, Alexandra et al. "Fructose-induced leptin resistance exacerbates weight gain in response to subsequent high-fat feeding." *American Journal of Physiology*. Nov 2008
2. Elliot, Sharon, et al. "Fructose, weight gain and the insulin resistance syndrome". *The American Journal of Clinical Nutrition*. November 2002 vol. 76 911-922.
3. Pawlak, Laura. *Appetite the Brain-Body Connection* 1996
4. Teta, Jade and Keoni Teta. *The Metabolic Effect Diet* 2011

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A Whole Life Approach to Diet and Exercise

by Laurie Roth-Donnell | Master Herbalist and Holistic Health Practitioner

Written in collaboration with Charles E. Ryan, Personal Trainer—SMART Fitness Certification

There are many misconceptions about diet and exercise and America is facing an epidemic of obesity, high cholesterol, and a general state of unwellness. Those who try to maintain a healthy lifestyle still fall short with lack of commitment to exercise routines, temptations for unhealthy food and sedentary activities that have saturated the pop culture. We are glued to electronic devices and we eat prepackaged foods, heated in the microwave.



Below is some sound advice and pointers that Charles Ryan shares with his clients, and they have realized results without experiencing the frustrations, pain, and aggravation that is commonly associated with a journey on the road to the achievement of natural whole health.

FOUR FACTS ABOUT RESULTS

- No workout regimen or intensity can counteract an unhealthy diet.
- A well-rounded diet does not mean a low calorie diet, but rather eating the proper portions of fresh organic foods from each major group. Over indulging in any food group will lead to unnecessary fat storage and overall lower body function on the cellular level.
- Empty calories are calories your body does not need to function (sodas, candy, chips etc). Empty calories will lead directly to fat if you are not working out intensely right after ingestion.
- Research foods you like, and find healthy ways to cook these foods or incorporate healthy substitutes for less healthy foods you crave. After several weeks of a healthy diet, you will no longer crave sugar, caffeine and processed high fat foods.

THE WORK OUT

- When you wake up in the morning your metabolism has been running all night, so the body does not have many calories to burn. I recommend a light cardio session in the morning before you eat. It can be a great way to drop weight quickly, because the energy will be taken from your body's energy storages (fat), and not the calories you have been eating that day.
- Your body won't change if you have been doing the same workout for the last year. Simply "change up" your routine and include yoga and meditation in conjunction with weekly cardio, fresh air, and sunshine.
- If you have not researched what you are doing, you may be exercising incorrectly and not getting the intended results. There is a science behind working out, and there are reasons why athletes look like athletes, body builders look like body builders, football players, runners, etc. It is their specific exercise regimen. Perhaps you should



A Whole Life Approach to Diet and Exercise continues on page 6...

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Marie's Cafe And Bakery

at the Riordan Clinic

Cafe Hours 9:00 am – 3:00 pm M–F
Bakery Hours 9:00 am – 3:30 pm M–F
(Located on the lower level of the Riordan Clinic Supplement Store)

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We welcome you to come by and enjoy a light lunch made from fresh whole foods. Afterwards, be sure to take a walk around the beautiful and tranquil Gratitude Trail here at Riordan Clinic and enjoy the lovely spring weather.

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- consider working with a personal trainer or attend formal workout classes to maximize your workout.
- Improper exercise techniques can lead to injury, muscle imbalances, joint imbalances and other injuries. Being a weekend athlete can also stress your body.

EATING

- There are certain nutrients that suppress appetite. Green tea has so many great functions and appetite suppression is one of them. I have personally used green tea while dropping weight. A cup in the morning will give you a ton of natural energy and cut down sweet cravings.
- An entire dish is not a serving size; keep servings the size of the palm of your hand.
- Hot water and lemon or a tablespoon of raw whole apple cider vinegar in the morning is very stimulating to your entire system.
- ONLY eat when you are hungry and stop when you feel full.
- Eating one or two big meals in a day is bad for your metabolism. The more small meals you eat the more your metabolism will be working.
- Everybody is going to have sweet cravings. Avoid sweets with high fructose corn syrup. The chemical will only make your sweet cravings go up. Instead, opt for dark chocolates or fruits. Anything with natural sugars will actually cut out the cravings instead of making them intensify like artificial and processed sweets.
- Ingest NO carbohydrates, sugar, or sodium after 6 p.m. Your metabolism slows down when your body is at rest, so unless you have some rigorous activity planned, your body does not need extra energy.



Carbohydrates, fats and protein...are the most feared and misunderstood words of my clients. Let me share a few simple facts:

Carbohydrates:

- People ask continuously what carbs they should eat and what they should avoid. My answer is simple: do not over eat them and you will be fine!
- Carbohydrates are needed for energy, mainly high intensity exercises. FDA says the diet should consist of 60% carbohydrates, but if you are not doing any rigorous activity, carbohydrates should only be making up about 30%–40% of your diet.
- Measure out one serving of pasta, and cook it to see the serving size. Many people overeate carbs simply due to not knowing how little a serving size is. An Italian restaurant usually will serve portions appropriate for 3–5 people in one dish.
- Carbohydrates that are not burned lead to fat storage.
- Desserts and sodas are carbohydrates. Alcohol is a carbohydrate, loaded with sugar, the mother of all carbohydrates.

Fats:

- Fats are a much better calorie source for low intensity function such as sitting at a desk, talking, or minor body functions.
- Fats fortify growth of healthy skin, hair, eyes, and nails. Natural sources of fat include different nuts, avocados, and non-hydrogenated oils such as cold first pressed olive oil, sesame, or organic coconut oil. Coconut oil is great for frying and baking, or topically for healthy skin and hair.
- Eat real butter instead of margarine.
- Avoid cooking with soy, corn, and canola oils, as they cannot withstand high temperatures and convert into free radicals that have been linked to cell degeneration.



Registration Open

4TH Riordan IVC & Cancer Symposium

Addressing the Metabolic Roots of Cancer

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This symposium is an excellent opportunity for IVC practitioners to become more involved with IVC Therapy, adjunct therapies and expound new approaches to treating cancer.

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Riordan IVC Academy Thursday, October 2

The Riordan IVC Protocol for Cancer is well recognized in the integrative and orthomolecular medicine community and is commonly used as an effective adjunct to conventional oncologic therapy. We've added a one day pre-symposium certification course in the safe administration of IVC according to the Riordan IVC Protocol. Spend the day with Riordan Clinic doctors, staff and our guests, Dr. Virginia Osborne and Dr. Tom Levy, learning all the ins and outs of IVCs, including how to successfully start IVs in your office, mix and administer to patients, the potential legal issues surrounding IVC prescriptions, and more.

Symposium (October 3 & 4, 2014) \$495*
IVC Academy (October 2, 2014) \$250*

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*Early Bird Pricing ends August 1, 2014

Protein:

- Protein builds muscle and is necessary for body and brain functions.
- Great sources of protein are lean meat, dairy, fish, poultry, beans with brown rice, peas, nuts, and seeds.

With today's technology, information is at everyone's fingertips. Research the foods you currently eat and purchase new healthy foods to replace the processed, prepackaged items you may currently be buying. Always try to buy organic, fresh foods when possible. Becoming a patron at the local farmers' markets is a great place to start eating fresh! Buy a large stock when the produce is in season and freeze or can them at home.



Please discuss any new diet, exercise and health regimen with your primary care physician and live healthy.

Sources:
Choosemyplate.gov (USDA)
WebMD.com

Research News

Riordan Clinic Research is devoted to studying the effects of high-dose intravenous vitamin C (IVC) on cancer cells. We are not alone in this endeavor. Below is a study by the University of Kansas scientists recently published in Science Translational Medicine journal relating the impact of high-dose IVC on ovarian cancer. To read more about vitamin C and other research conducted by Riordan Clinic, visit our website at www.riordanclinic.org/research.

Parenteral Ascorbate Is Beneficial in Ovarian Cancer Therapy

- Major finding: High-dose parenteral ascorbate (vitamin C) enhances ovarian cancer chemosensitivity in vivo.
- Clinical relevance: Intravenous ascorbate reduces carboplatin and paclitaxel toxicity in patients with ovarian cancer.
- Impact: High-dose intravenous ascorbate may be a beneficial adjuvant to conventional ovarian cancer chemotherapy.

Clinical studies have not demonstrated a benefit for oral ascorbate (vitamin C) in cancer treatment. However, much higher plasma concentrations of ascorbate can safely be achieved through intravenous infusion, and recent studies have shown that pharmacologic concentrations of ascorbate lead to the formation of ascorbate radicals and peroxide that are selectively cytotoxic to cancer cells. Ma and colleagues investigated ascorbate-induced cytotoxicity in ovarian cancer and found that several ovarian cancer cell lines were sensitive to millimolar concentrations of ascorbate in vitro, whereas nontumorigenic ovarian epithelial cells were not. Killing of cancer cells depended upon ascorbate-mediated peroxide production, which led to depletion of cellular ATP levels and induction of DNA double-strand breaks that activated ataxia telangiectasia mutated (ATM) and adenosine monophosphate-activated protein kinase (AMPK) and inhibited mTOR expression and phosphorylation in vitro and in athymic mice implanted with ovarian cancer cells. Interestingly, ascorbate strongly enhanced in vitro killing of ovarian cancer cells by the first-line chemotherapy agent carboplatin, and intraperitoneally administered ascorbate synergized with

Research News continues on page 8...

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For more information, contact Paula Smith at 316-682-3100 or at psmith@riordanclinic.org



Research News continued from page 9...

both carboplatin and paclitaxel (singly or in combination) to reduce tumor burden in tumor-implanted mice. Because neither toxicity nor organ pathology was observed in ascorbate-treated mice, the authors initiated a pilot phase I/IIa clinical trial to evaluate the safety of ascorbate combination therapy in patients with stage III or IV ovarian cancer. Twelve patients received standard carboplatin-paclitaxel combination therapy for 6 months, and 13 patients additionally received ascorbate infusions for 12 months. Notably, patients receiving ascorbate experienced a lower incidence of grade 1 and 2 toxicities and had reduced toxicities in most categories compared with those who did not receive ascorbate. Although this study was not powered to test efficacy, the addition of ascorbate to chemotherapy showed a trend toward improved survival and delayed disease progression, suggesting that larger clinical trials of high-dose ascorbate adjuvant therapy are warranted.

Ma Y, Chapman J, Levine M, Polireddy K, Drisko J, Chen Q. High-dose parenteral ascorbate enhanced chemosensitivity of ovarian cancer and reduced toxicity of chemotherapy. *SciTransl Med* 2014;6:222ra18.

Lunch & Lecture Series 2014

IS A HEALTHY DIET ALWAYS A FAT LOSS DIET?

How to eat and exercise to lose weight

Have you tried one fad diet after the next, only to gain the weight back? Or, is your diet full of healthy foods, but you still aren't losing the pounds you'd like to lose? One culprit in our modern day obesity epidemic is the invalidation of the leptin hormone, which is responsible for appetite control. Join Dr. Kaumeyer and learn how to eat and exercise to regulate your hormones and reverse the leptin resistance you may be experiencing. She will also discuss our HCG Rx+ Weight Loss Intervention program and why it works so effectively.



Presenter: Jennifer Kaumeyer, ND
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A Look Ahead...

July 17, 2014	Which Comes First—Aging or Hormone Loss?	Dr. Mike Bauerschmidt
September 11, 2014	Rev Up Your Health: The Importance of Laboratory Testing	Dr. Ron Hunninghake and All Clinic Doctors
November 13, 2014	Conquer Stress by Renewing Your Adrenals	Dr. Anne Zauderer

Dates, topics and titles are subject to change.

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