



# Health Hunters

## Newsletter

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## Sugar, Obesity, and Pain

by Ron Hunninghake, MD

Why do modern nutritionists want to deprive us of sugar? Are they just mean? Who would "steal candy from a baby"?

Babies love sweets! Kids crave sweets. Lovers gift sweets to demonstrate their "sweet" love. Dieters cheat with sweets. Retired elders happily devour sweets. Stressed people seek solace in sweets. Doesn't everybody love sweets?

The big food companies love sweets too! Sweets sell! Sweets are so cheap and so profitable!...and so addictive! Start sweets young, in baby formula. Advertise sweets as happy—"Open happiness." Package sweets in everything: sports drinks, cookies, donuts, breads, cereals, fast foods, convenience

foods, snack foods, expensive coffees. (Name a packaged food that does not contain added sweets.)

Humans have a built-in preference for sweet-tasting foods. Our ancestors learned that a sweet taste meant "safe." A bitter taste meant "poison." Our genetic radar always gives sweet foods the "green go-ahead light"!

Sweet foods often grew on trees or bushes in the late summer and early fall. Early humans eating sweet foods stocked up on what key survival substance? Fat!

Our ancestors gained fat rapidly eating fructose rich fruits before the lean winter months. For a Paleolithic human, that meant survival—during a time of poor hunting and near starvation. Having extra body fat was an advantage our genes never "forgot."

Now fast-forward about 10,000 years to TODAY. Our genetic programming still "thinks" that high sugar consumption has those same survival advantages. Only now, the availability of sugar is not limited to one short period a year.



*Sugar, Obesity and Pain continues on page 2...*

## Contact the Editor

Please send any comments or suggestions to [newseditor@riordanclinic.org](mailto:newseditor@riordanclinic.org).

Thank you for reading,

Megan Neathery  
Editor

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## Health Hunters Newsletter

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Recently medical experts in obesity are beginning to use a new term: “the obesogenic environment.” This means there are food cues, food ads, food sales, fast food stores, convenience shops, vending machines, cheap snacks, Big Gulps, and processed foods/drinks...EVERYWHERE and ALWAYS—DAY and NIGHT in the western world.

Fat no longer has survival advantage. Three billion humans are learning that the hard way. (Humans suffering from obesity-related diseases now outnumber humans suffering from poverty-related starvation.)

Just for the record, no one wants to be fat. I repeat, no one wants to be fat!

Being fat (overweight if the BMI is greater than 25; obese if the BMI is greater than 30) means:

PAIN. INFLAMMATION. MORE PAIN. DEPRESSION. EMOTIONAL PAIN. DIABETES. PAINFUL JOINTS. MYSTERIOUS “-ITIS” DISEASES. HEART ATTACKS. FATTY LIVER LEADING TO CIRRHOSIS. SLEEP APNEA. CHRONIC FATIGUE. SOCIAL STIGMAS. EARLY DISABILITIES. HIGHER RISK OF CANCERS. MORE PAIN. EARLY DEATH.

No one wants to be fat. Most fat people don’t really know WHY they are fat. They have tried and failed many times to lose their fat. They feel trapped in their overweight bodies.

Fat people are typically blamed for their condition: “You are a glutton and a sloth.” Even trained doctors incorrectly believe that obesity is due to excessive calorie intake in conjunction with inadequate exercise.

Fortunately, science is finally revealing the common denominator to all obesity. It’s literally the elephant in the living room, plain as day. Societally, we’ve refused to look the demon in the eye.

“Oh no...tell me it’s not my dear Sugar,” says that little white devil sitting on one’s chubby shoulder. [Sugar Addiction]

“There’s no proof!” says the sugar lobby, worried that this information might cut into their obese profits. [USDA-Food Conglomerates]

“It’s really just a lack of properly prescribed statins, diabetes medications, anti-hypertensives, and anti-depressants,” say the drug reps, as more and more expensive meds are introduced to treat symptoms that result from this world-wide adiposity epidemic. [FDA-Pharmaceutical Alliance]

Sugar causes physical, personal, and societal pain on so many levels.

Sugar, Obesity and Pain continues on page 3...





# Bio-Center Laboratory

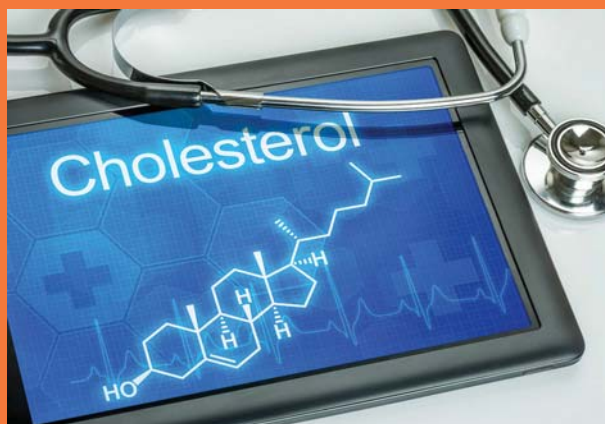
Obesity is associated with a lengthy array of abnormalities (e.g. sugar levels) many of which can be measured through laboratory testing. Dr. Hunninghake has referred to a number of appropriate tests. Listed below are a few more that your doctor may recommend for testing sugars and items associated with obesity.

Tests measuring sugars:

- **Fasting blood sugar (glucose)**
- **Hemoglobin A1c:** a measure of average blood glucose levels over the past 120 days
- **Uric acid:** usually considered an indicator of gout, but elevated levels also seen in patients with high fructose intake
- **Insulin:** a hormone produced in the pancreas and essential in the regulation of blood sugar levels. Elevated levels seen in insulin resistance are caused by high sugar (carbohydrate) intake.

Tests associated with obesity

- **C Reactive Protein, high sensitivity (CRP-hs):** A sensitive, non-specific, measure of inflammation without reference to site or cause.
- **Basal Metabolic Index (BMI):** calculated from an equation using body weight and height.
- **Cholesterol and Triglycerides:** traditional measures of fat and sugar intake. Omega 3 Fatty Acids, High Density Lipoproteins (HDL), and Low-density Lipoproteins (LDL) are components of cholesterol.
- **Leptin:** the satiety hormone, which is released when fat stores are adequate, produced in body fat cells, and often elevated in obese patients with insulin resistance.



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1. Overeat sugar → candida yeast proliferates in the gut → stomach ache → irritable bowel → leaky gut → immune dysfunction → neurotransmitter dysregulation → depression → profound fatigue → disabilities → inability to move → overload in health care and social support systems → national budget is overwhelmed by skyrocketing healthcare costs → a vicious cycle locks in progressive obesity and inevitable pain.
2. Overeat sugar → immune cells lose ability to phagocytize germs → infections proliferated → cytokines (cell-signaling peptides) escalate inflammatory response → C-Reactive Protein goes up → body produces more cortisol to counterbalance excessive inflammatory response → Cushingoid response develops → high blood sugar → pot belly → insulin resistance → leptin resistance → persistent cravings for more sugar → a vicious cycle locks in progressive obesity and inevitable pain.
3. Overeat sugar → the fructose component of sugar is sent to the liver → fructose follows the same pathway as alcohol → conversion to fat occurs → fatty liver disease slowly develops → fat builds up in the abdominal viscera → pot belly syndrome escalates → insulin resistance leads to metabolic syndrome → high triglycerides and cholesterol → high blood pressure → high blood sugar → a vicious cycle locks in progressive obesity and inevitable pain.

Because these consequences develop slowly; because the true cause is fundamentally a lifestyle choice (severely moderate sugar intake by gaining access to healthier food); because the overweight individual's character is blamed instead of pursuing the correction of the hormonal imbalances that result from insulin resistance; because the many levels of suffering and pain are not addressed the culprit—SUGAR—gets away with murder.



Are the nutritionists who want to take candy away from babies really mean? I don't think so. Are mothers who don't let their kids play in busy streets or with sharp knives—"mean?" In my day, we called them "good mothers."

**Good nutritionists don't give in to immoderate use of sugar.**



# Is Evidenced-Based Medicine (EBM) “Legitimate”?

by Ron Hunninghake, MD

On April 24th, Dr. Mark Mosley wrote an opinion piece in the Wichita Eagle newspaper (see page 5) declaring that “vitamins, minerals, herbs, massage, chiropractory, homeopathy and other alternative approaches” were not legitimate medicine. He admonished “real physicians” to “protect patients from harm.” How? “To have the moral courage...to say, prove it first.”



In the spirit of intelligent debate, let’s take these assertions one at a time, starting with “protect patients from harm.” How do alternative approaches stack up to pharmaceuticals?

**Fact: adverse drug reactions from prescription drugs (supposedly “safe and effective” based upon RCT drug trials) contribute to about 106,000 deaths per year. <sup>1</sup>**

Dr. Barbara Starfield of the Johns Hopkins School of Hygiene and Public Health, who was responsible for deriving the data for the headline—*Doctors are the Third Leading Cause of Death*—ironically and tragically died from the wrong dose of Plavix. What about death from vitamins?

According to a 2009 Poison Control Center report, over the past 27 years—the complete timeframe that the data has been available—there have been ZERO deaths attributable to vitamins. <sup>2</sup>

The word “vitamin” had not even been invented at the time of the 1910 infamous Flexner Report. Nutritional medicine is a relatively young science, poorly represented in pharmaceutically-dominated medical education.



Using vitamin C as just one example, does it come as a surprise to a non-nutritionally trained physician that a PubMed search on “ascorbic acid” yields 32,232 full text journal articles? “Vitamin” yields 143,432 and “herbal” yields 19,060 journal articles. Does Dr. Mosley honestly believe these studies have “no value”? Or is he simply viewing with the ironic “bias” of an EBM and RCT “true-believer”? <sup>3</sup>

Perhaps he is unaware of the criticisms of “Evidence-Based Medicine” (EBM) coming from his own colleagues:

- 1) Based only on statistical empiricism, EBM misrepresents the basic philosophy of science;
- 2) The EBM definition of “evidence” is quite narrow: it excludes important clinical information, and is not itself “evidenced-based”;
- 3) EBM, while seeking to limit bias, has created a “paradigm of bias” replete with expensive data, often of limited use in clinical care;
- 4) Finally, the narrow-minded reliance on EBM threatens the autonomy of the doctor/patient relationship. <sup>3</sup>

Those readers concerned about government intrusion into medical care should take heed: EBM “proof” is a growing subterfuge for powerful lobbies of the food and drug industry to insert this Trojan Horse into your lives. If unbridled, it will result in the FDA “declaring unproven” the very treatments that Dr. Mosley has taken aim at in his “opinion” thus limiting access to the care of your choice.

If you think the EBM paradigm (first proposed in 1991 and growing) of medical care provides “legitimate proof” of effectiveness and adequately serves the wellness needs of humankind—stop by, day or night, and visit Dr. Mosley’s crowded ER waiting room.

#### Sources

- 1) Starfield, B. Is US health really the best in the world? *Journal of the American Medical Association*, (2000, July 26). 284(4), 483-485.
- 2) Bronstein AC, et al. 2009 Annual Report of the American Association of Poison Control Centers’ National Poison Data System (NPDS): 27th Annual Report. *Clinical Toxicology* (2010). 48, 979-1178.
- 3) Cohen AM, Stavri PZ, Hersh W. A categorization and analysis of the criticisms of Evidence-Based Medicine. *Int J Med Inform.* (2004, Feb). 73(1):35-43. “Studies have failed to show that RCTs and meta-analysis are consistently better than good quality research using other methods for determining clinical effectiveness.”





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*Dr. Ron's article was in a response to Mark Mosley's article in the Wichita Eagle.*

*Published on Kansas.com, Thursday April 24, 2014*

*Published in the Wichita Eagle, April 25, 2014*

## Not Legitimate Medicine

by Mark Mosley

In 1910, the practice of medicine in America was transformed by the Flexner Report. Abraham Flexner was not a physician. He was an educator who demanded that medical education conform strictly to the scientific method.

Within a few years of the Flexner Report, almost half of all medical schools closed. The remaining schools changed dramatically. The professionalization of medicine for American physicians had been restructured on a foundation of scientific integrity.

What was the condition of American medicine before 1910 that necessitated such a cataclysmic change? Medical education and physicians used the medical field primarily as a financial enterprise without regard to valid scientific support.

“Proof” was provided by testimonials by patients who had been miraculously cured or by physicians claiming their personal experience. This approach, in its worst form, was epitomized by the “medicine show” selling “snake oil.”

The questionable therapies used to dupe the American public for personal financial gain included chiropractic, massage therapy, natural herbal therapy, homeopathy, electromagnetic therapy and probiotics. The professional scientific legitimacy of American medicine required the denial of these unproven therapies.

The 1960s, with the elevation of personal experience over organizational laws or truth, saw a resurrection of these “alternative medicines” into mainstream culture. The scientific medical community countered in the late 1980s and early '90s with the advent of the “evidenced-based medicine movement.”

At this same time, the National Institutes of Health established the office of alternative medicine to see if these popular therapies could be scientifically validated. To date, almost none of these “natural” or “alternative” medicines, including a huge database of vitamin and mineral supplements, has shown much benefit. And when weighed against potential harm and cost, there is certainly no value in these therapies.

Yet they have become a massive financial industry every bit as popular as in the late 1800s. This is well-documented in the book “Nature Cures: The History of Alternative Medicine in America.”

Today, in 2014, the American medical profession is placing profit before professionalism and business strategy ahead of scientific integrity. Many “providers” have adopted vitamins, minerals, herbs, massage, chiropractic, homeopathy and other “alternative” approaches into some aspects of their practice to satisfy cultural and personal beliefs of patients.

“Alternative medicine” is less about medicine and more about “alternative income.”

We need another Flexner Report. Until then, the only power real physicians have to maintain the scientific integrity of our profession and to protect patients from harm is our duty to say, “Prove it first.” And if it cannot be consistently proved, we must have the moral courage to say: “No, I won't. This is not legitimate medicine.”

Mark Mosley is an emergency medicine physician in Wichita.

# Patient Profile

by Chris Brannon, RN, BSN

We have all been told about the benefits of a healthy diet, but can we say we listen? What if you were told the benefits of cutting out certain foods could very well allow you to live a happier, healthier life?

In July 2012 a co-learner came to the clinic with frequent headaches and an occasional rash. After meeting with one of our doctors, several specific labs were drawn in attempt to get to the root cause of her symptoms. One of the lab tests was the Cytotoxic Food Sensitivity Test. It showed multiple food/food additives that she was sensitive to. The items that were prevalent were high fructose corn syrup, chocolate, milk, and sulfites. With this information the co-learner was able to compile a list of multiple foods she consumed that correlated to her headaches and rashes and remove them from her diet.

The benefits were almost immediate. With the knowledge gained and changes made, she finally felt relief from the nagging symptoms. Along with these benefits she also had less inflammation throughout her body and lost 15 pounds in the process. Wow!



# The Sweet Truth about Sugar and Pain

By Laurie Roth-Donnell  
Master Herbalist and Holistic Health Practitioner

Beyond weight gain, sugar can be attributed to feelings of fatigue, stress, irritability, mood swings, difficulty sleeping, and joint pain. Sugars are hidden in a variety of foods and drinks consumed daily like crackers, yogurt, ketchup, and peanut butter, many loaded with high-fructose corn syrup. Simple carbohydrates such as pasta, potatoes, and white rice are also quickly converted into sugar in your body.



Americans consume between 100 – 180 pounds of sugar each year according to the U.S. Department of Agriculture (USDA). Of which, 29 pounds is consumed directly from the sugar bowl, the balance from your daily diet. Sugar is presented in many forms including refined white sugar, brown sugar, raw sugar, high fructose corn syrup, malt syrup, sucrose,

fructose, dextrose, molasses, honey, and simple carbohydrates. Consumption of two teaspoons of sugar will upset your body chemistry and disrupt homeostasis, a state the body needs to maintain, repair, and rejuvenate itself.

## THE SUGAR INFLAMMATION CONNECTION

Inflammation is the immune system's healthy response to restore an affected area to normal status, following an injury, irritation, or infection. It has been shown that the body's response to high sugar and simple carbohydrate intake, floods the body with insulin and stress hormones, inundating your blood supply, therefore triggering the inflammation (natural healing) process. This results in stress and pain to your organs and joints. The less sugar you eat, the less inflammation you will experience, and the stronger your immune system will be to protect you from infectious and degenerative diseases.

## FOOD TIPS THAT REDUCE INFLAMMATION AND PAIN

Limit intake of simple carbohydrates like processed breads and cereals, corn, french fries, fruit juices, pasta, quick breads, popcorn, and white rice. You may even consider avoiding the nightshades, such as white potatoes, eggplant, tomatoes, and peppers. In addition, everyone realizes soda, fruit drinks, and alcohol are also very high in sugar and should be avoided.



Complex carbohydrates are much more agreeable to support your overall homeostasis. I suggest apples, asparagus, and all varieties of beans, broccoli, berries, cabbage, melon, kiwi, leafy greens, peaches, pears, plums, spinach, and all colorful vegetables. Incorporate all colors of the rainbow in your daily diet sourced from fruits and vegetables, organic if possible, purchased from the local farmers market being optimal.

*The Sweet Truth about Sugar & Pain continues on page 7...*





# Registration Open

## 4<sup>TH</sup> Riordan IVC & Cancer Symposium

### Addressing the Metabolic Roots of Cancer

October 3 – 4, 2014

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

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\*Early Bird Pricing ends August 1, 2014

Protein is required to support and achieve optimum health. Fish such as salmon, cod, halibut, snapper, tuna, anchovies, and sardines are all stars in the delivery of lean protein. Other top choices include turkey, skinless chicken, pork, and lean grass fed beef. Non-GMO soy products, eggs, low fat cottage cheese, milk, and yogurt are also great sources of protein as well. It is proven that omega 6 (GLA) and omega 3 (fish oils) help reduce inflammation. GLA is found in leafy green vegetables and dietary supplements. Oleic acid, an omega-9 fat is found in olive oil, walnut oil, sunflower oil, soybean oil, avocados, nut butters, and macadamia nuts have great anti-inflammatory properties. You may want to consider adding an essential fatty acid supplement containing EPA and DHA. There are many high quality supplements with antioxidants on the market that will help alleviate the inflammation response, and nourish each cellular membrane.

### NATURAL ANTI-INFLAMMATORY AGENTS

In addition to dietary suggestions, there are also topical applications like creams and lotions, supplements, herbal extracts, natural oils to assist with the natural reduction of inflammation. Alternative remedies include ginger, turmeric, white willow bark extract (nature's aspirin), omega-3 fatty acids, jojoba oil, and numerous essential oils including lemongrass, rosemary, and mint.

### TURMERIC

Turmeric extract is effective against all sorts of inflammatory disorders and is the first one chosen among herbs for inflammation treatment. Those suffering from arthritis or tendonitis have immensely benefited from as little as 600 milligrams of Turmeric (divided in 3 doses daily), of whole turmeric with not less than 95% constituency. Results and positive effects are realized after a 60-day regimen, but it is contraindicated in people with gallstones and/or bile duct disorders. Pregnant women are advised to eat turmeric in its food form or apply a poultice to the affected area. It is the presence of helenalin (sesquiterpene lactones) in this herb and its selective capacity to inhibit NF-kB (the transcription factor) and regulate the immune response making this natural herbal remedy an effective anti-inflammatory.



### GINGER

Just 500mg to 1000 mg of dry and powdered ginger acts as a natural anti-inflammatory if administered for a span of time, same as turmeric. No contraindications have been reported; please note an over ingestion may result in a burning sensation to the tongue and stomach for a short time.



Pain and inflammation appear to have a deep root in diet, or lack of a natural, whole food diet. If you are suffering from pain and its cohort inflammation, and are consuming the national average of sugar, I suggest you begin pushing back from the sugar bowl...life can be sweeter without sugar!

As always, please consult your primary care physician before engaging any new health regime. Live Well.

Sources:  
[Organicexcellence.com](http://Organicexcellence.com)  
[Naturalantiinflammatory.org](http://Naturalantiinflammatory.org)  
[US Department of Agriculture](http://US Department of Agriculture)

# INVEST IN THE VISION

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# Riordan Clinic D3/K2 : The Birth of a Superhero Combo

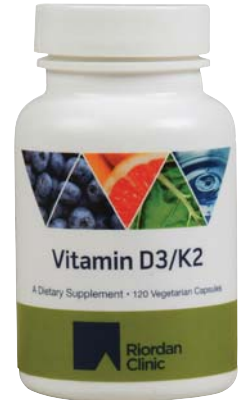
The privately formulated Riordan Clinic vitamin D3/K2 combines the amazing healing capacity and safety of vitamin D and K into the convenience of one capsule.

### VITAMIN K2

Most people do not receive enough vitamin K2 from diet alone. A growing body of literature supports the concept that increased intake of vitamin K both from food as well as supplements can have a beneficial impact on bone health. Additional studies also indicate that vitamin K2 may play important roles in supporting cardiovascular health and normal arterial elasticity. MK-7, a natural form of vitamin K2, in particular has shown to have rapid bioavailability in the body and can be effective for supporting bone health.

### VITAMIN D3

Vitamin D is well known for the role it plays in helping to regulate calcium and bone metabolism. As we age, vitamin D status declines. If given the same amount of light, a younger person can produce more vitamin D compared with an older individual. When advancing age is combined with decreased sunlight exposure one can quickly become deficient in vitamin D. It can help to breakdown bone and mobilize calcium when it is needed elsewhere in the body. Numerous scientists now feel that supplementation with vitamin D at levels greater than previously thought is critical to helping maintain healthy bone remodeling as we age.



## Lunch & Lecture Series 2014

### A Look Ahead...

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

*Dates, topics and titles are subject to change.*

Call 316-927-4723 to reserve your spot for any of the above lectures or email [reservations@riordanclinic.org](mailto:reservations@riordanclinic.org). **Reservations required.**



In order to serve our co-learners more effectively, our switchboard will soon be automated. Our hope is to have this system up and running by July 1. Please excuse any inconveniences that may occur during this transition.