



**Riordan  
Clinic**

# Health Hunters Newsletter

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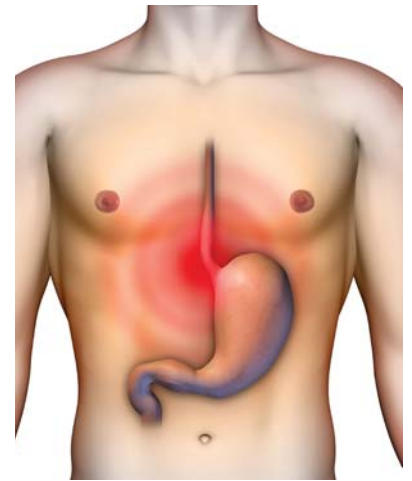
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## Why Your Stomach Acid Is Important

by Mike Bauerschmidt, MD, CCT

I am reasonably certain that, from time to time, most of us have suffered from acid reflux. Here I am talking about the simple indigestion that may come from a meal too rich in fats or meats or perhaps too much alcohol. However, for many of us, when that simple indigestion becomes a chronic daily problem that can lead to serious illness, this is called gastroesophageal reflux disease (GERD). There are two camps in the medical community as to the causes of GERD. Both sides agree that a lowered esophageal sphincter (LES) pressure is common to everyone with GERD. Both sides also recognize that lack of local protection in the esophagus also contributes to symptoms. However that is where the commonality ends. The traditional medical model suggests that too much acid secretion in conjunction with lowered LES pressure and lack of local protection is the cause of the reflux symptoms. From this perspective the use of agents to reduce hydrochloric acid (HCl) secretion makes perfect sense. However there is another model that suggests that over 90% of GERD related symptoms are related to too little HCl. Therefore the use of agents to further reduce your stomach acid makes absolutely no sense AND may cause serious problems. I would like to share with you some basic physiology and offer a little common sense that may change your attitude toward GERD as well as the cavalier attitude we seem to have developed toward altering one of our most important aids to digestion, our stomach acid.



## A Trip Down Memory Lane

I remember back in medical school when a brand new drug was released that was going to save countless lives by preventing death from ulcer disease. It was considered to be so potent that only specialists had permission at the hospital to use it, and it was strictly limited for no more than 6 weeks of use to prevent achlorhydria, a condition that causes stomach cancer. It was called Tagamet! Well, once that horse left the stable there was no reining him in. Hydrochloric acid (HCl) became the newest archenemy of our health and was to be mercilessly stamped out of existence. And so it was. However, Tagamet, once considered the icon of treatment, is now no more than a small ornament hanging on the back of the medical Christmas tree. It, and all the rest of the H2 blocker family, have been relegated to over the counter (OTC) status, having been replaced by the much more potent (and dangerous) proton pump inhibitors. Even some of these PPIs are now considered so safe your minor child can purchase them OTC. We are succeeding in stamping out stomach acid in the name of preventing reflux, but what are we reaping in return?

## How Stomach Acid Works

Your HCl has four major jobs: 1) proteolysis, the process by which proteins are broken down to the point that they can be digested; 2) activation of pepsin, another enzyme necessary

*Why Your Stomach Acid Is Important 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,

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*Why Your Stomach Acid Is Important continued from page 1...*

for protein digestion; 3) chemical signaling so the food can pass from the stomach to the small intestine as well as alerting the pancreas to secrete its enzymes and 4) inhibiting the growth of the bacteria that came down with the food, preventing infection.

When you put this all together, what is supposed to happen when you eat? The very act of smelling food activates a complex neural pathway that stimulates the parietal cells in your stomach to secrete hydrogen ions (the basis for your HCl). Tasting and chewing further stimulate this pathway so that by the time you swallow your food your stomach has enough acid to begin digesting food (pH of 1-2)! Now for the process of digestion to continue, the food that you have swallowed and mixed with your stomach acid (called chyme) must pass through the pyloric valve and enter the duodenum (first part of your small intestine). In order for that valve to open, the chyme must have the proper acid content. Further, in order for the pancreas to be stimulated to release bicarbonate as well as digestive enzymes, the pH of the chyme must not be greater than 3.0 (still quite acidic). So what happens when we take our acid away with the use of drugs like Tagamet, Zantac, Omeprazole and the like?



### Leave My Acid Alone!

Take away the acid and all sorts of bad things begin to happen. First, whatever proteins you are now eating won't begin the process of digestion. Second, another very important stomach enzyme called pepsin remains inactive so your protein still isn't digested. Third, B12 that is tagging along with your protein can't be separated from its carrier and therefore cannot be linked to intrinsic factor and absorbed in the small intestine. Fourth, without enough acid the pyloric sphincter does not open and the food simply sits in your stomach for longer periods of time being fermented by the bacteria that the now absent HCl was supposed to kill. Fifth, what chyme that does slowly leak through the valve avoids the pancreatic enzymes and bile that are no longer secreted in response to the now absent acidic state of the chyme.

In short, you have destroyed a major part of your ability to digest your food. Further, you have significantly impaired your body's ability to absorb your food, as the only partially digested molecules are too large for transport across the intestinal lining. You suddenly can find yourself protein, magnesium and vitamin B12 deficient! And, just as an added bonus, with prolonged use of acid inhibitors and blockers you are 150 to 800 times more likely to develop an intestinal infection like small intestinal overgrowth syndrome (SIBO), C. Difficile or even peritonitis. Your likelihood of pneumonia increases by 120 – 160%, bone fractures go up by 120 to 310%, and, as an extra special bonus, stomach cancer goes up by 150 to 230%! All for want of a little acid that might not even be the problem to begin with.

### What IS the Real Problem?

We all agree that the effects of chronic exposure of the esophagus to acid can readily be seen by endoscopy. We also agree that a low LES pressure and poor local protection are part of the problem. The debate is whether it is too little or too much acid that results in the symptoms. Consider a basic fact of anatomy and physiology: the esophagus does not have the degree of protection that the stomach does, with respect to acid. In fact, no organ has the acid resistance of the stomach, so even small amounts of acid in the esophagus can result in major symptoms and damage. In short, ANY amount of acid can cause symptoms! If it is too little acid (as it appears to be in 90% of people with GERD), the problem is with the prolonged gastric emptying time, leading to fermentation as opposed to digestion. Imagine a smoldering lava pool. It sits and heats and occasionally "burps up" a bit of lava. That is your stomach erupting into your esophagus when you have too little acid. Does it make sense that the vast majority of time we are treating a problem of too little acid/enzyme production by reducing any hope of making acid or activating enzymes? I hope not. But what of the

*Why Your Stomach Acid Is Important continues on page 3...*

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# Bitter Herbs for Better Digestion

by Anne Zauderer, DC

Today's modern medicine is incredible for all that has been discovered about the body. However, even without modern science, our ancestors intuitively learned some pretty insightful things about the body. Using modern science to explain the mechanism behind such insights can be extremely fascinating.

One example of this is the use of bitter herbs. The use of bitters to aid digestion has a long history. We now understand that a reflex exists, termed the "bitter reflex," that begins a cascade of actions in the body to prepare our digestive system for the food we are about to eat. The taste of bitter on the tongue stimulates the brain to release the digestive hormone, gastrin. This begins a chain of neural and endocrine actions including:

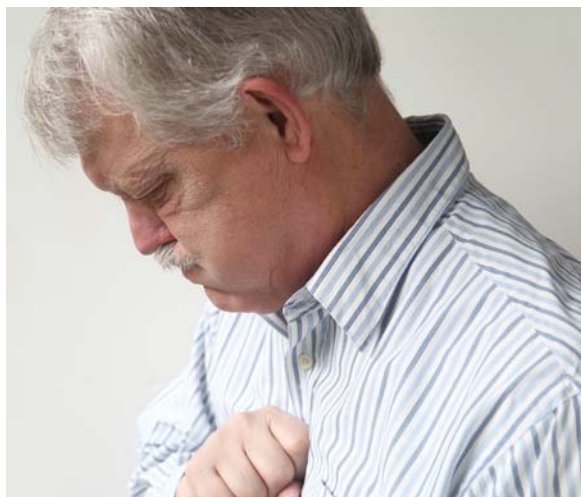
- Appetite stimulation
- Release of digestive enzymes from the pancreas, duodenum, and liver
- Stimulation of the smooth muscle of the stomach to increase the rate of gastric emptying and contraction of the esophageal sphincter to prevent the movement of acidic stomach contents back upwards into the esophagus
- Aiding the liver in detoxification and an increase in the flow of bile
- Regulation of secretion of pancreatic hormones that regulate blood sugar, insulin and glucagon
- Stimulating mechanisms to repair the gut wall

The best way to incorporate bitter into your diet and stimulate the bitter reflex is to eat a greens salad that contains dark leafy greens, such as: chicory, dandelion, arugula, radicchio or endive before your meal. Teas or tinctures that contain herbal bitters can also be used to stimulate the reflex. Common herbal bitters include:

- Chamomile, *Matricaria chamomilla* (moderate)
- Dandelion, *Taraxacum officinale* (mild)
- Gentian, *Gentiana lutea* (strong)
- Goldenseal, *Hydrastis Canadensis* (strong)
- Milk Thistle, *Silybum marianum* (moderate)
- Peppermint, *Mentha piperita* (moderate)
- Wormwood, *Artemisia absinthium* (strong)
- Yarrow, *Achilles millefolium* (mild)

Herbs can have secondary actions, so always consult with a healthcare provider before beginning their use.

1. Hoffman, D. *Medical Herbalism: the Science and Practice of Herbal Medicine*. Rochester, Vermont: Healing Arts Press, 2003.



10% of people that truly have increased acid production? Don't they have to have the strongest of the drugs?

Maybe for the short term, as chronic GERD, left untreated, could lead to changes in the esophagus that could lead to cancer. However, even the drug companies won't say they are safe to use beyond 12 months. And here is another bonus: long term acid suppression can lead

to increased gastrin levels. Gastrin is the hormone the body makes to stimulate acid production. The longer you are on suppressive therapy, the higher the gastrin levels may go. Imagine what happens when you stop your acid medication suddenly. REBOUND- your stomach acid production, prodded by the supraphysiologic levels of gastrin, have you reaching for the pills again in a New York minute, AND it doesn't make any difference if you were low or high acid to begin with. In short you are "hooked on Aciphex" (or whatever your favorite is).

So, you may be thinking, "OK Doc. This is all very interesting, and I certainly don't want to end up with pneumonia, broken bones, vitamin deficiencies or stomach cancer, but, MY STOMACH STILL HURTS! What can I do?"

## It All Begins with Chewing

In today's hurried world, we often eat on the run and forget to chew. "So what? I'm in a hurry." Let me tell you "what." Chewing is crucial. The mechanical breakdown of the food is essential to good digestion by providing a greater surface for the HCl and pepsin to work. Better digested food leads to less reflux. Further, saliva contains various other factors that increase the protection of the esophageal barrier. One study published in *Gastroenterology* in 1996 showed that the simple act of chewing on waxed film increased saliva (and related factors) production in patients with GERD by 132%! So your mother was right, take your time and chew your food.

## Avoid the Bad Boys

There are several foods that are known to aggravate GERD. Caffeine is the clear winner in this category, as it not only lowers LES pressure, it may also promote stomach acid secretion. Chocolate is also on the "Most Unwanted" list of foods, probably due to its content of methyl xanthenes, which work like caffeine. There are several studies that implicate alcohol in various forms and amounts, probably because of its muscle relaxant effects on the LES pressure.

Other foods that may be problematic are citrus fruits, tomatoes, onions, peppermint and spearmint. There are still others not mentioned here that can be problematic for many of you. This is likely due to food sensitivity or intolerance. These foods are best identified by a food elimination diet or cytotoxic testing.



# Stomach upset, reflux, embarrassing gas...oh my!

by Sarah Nosker-Merlino, Certified Medical Assistant

Did you know that approximately 60% of the adult population will experience some type of gastro esophageal reflux disease (GERD) within a 12 month period and that 20 to 30% will have weekly symptoms? Did you also know that approximately 7 million people in the United States have some symptoms of GERD? GERD is essentially caused by low stomach acid. When you don't have enough acid in your stomach, it causes the esophageal sphincter to stay open, thus resulting in reflux! Most people, when experiencing these symptoms, reach for their handy-dandy antacids—however, this only exacerbates the initial problem. One such co-learner was doing this very thing, until they decided to visit Riordan Clinic, in search of a better outcome.

This co-learner visited with a Riordan Clinic doctor and presented symptoms such as reflux, GI burning and stomach upset. They also had a decreased appetite and feeling that they weren't digesting all their food. They had tried Prilosec, which helped for a little while, but then the symptoms would return. After reviewing the co-learner's history of symptoms, the doctor ordered a lab to check nutrient levels as well as test samples of their stool. Upon the co-learner's first follow up appointment, the lab was reviewed with the doctor. It was found that they had some very low nutrient levels, as well as meat fibers in their stool. This meant they were not properly digesting protein. In order to digest protein properly, the stomach has to have sufficient acid. The patient had hypochlorhydria (low stomach acid). This explained why the patient was also experiencing excessive gas. If you don't break down meat protein, you will experience this very symptom!

After solving the puzzle as to why the co-learner was experiencing these undesirable symptoms, the next part was treating them. The doctor prescribed a hydrochloric challenge, in which the patient takes hydrochloric acid in order to better aid digestion and address the GERD. With the hydrochloric challenge, the goal is to gradually eliminate taking hydrochloric acid so the stomach will produce it on its own. They were also placed on a probiotic to help put good bacteria back into the GI system, and a supplement of DGL chewables (deglycyrrhized licorice root) to help soothe, coat and repair the esophagus. This was especially beneficial while the patient was coming off of the Prilosec. After following the regimen the doctor prescribed, the patient followed up a couple of months later and noted a remarkable improvement in symptoms and a feeling of being "normal" again! With the doctor's guidance and the co-learner's willingness to participate in their own health, a positive outcome was achieved.

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## Meal Timing and Quantity

People that eat two hours before going to bed have been shown to have more reflux when lying down than people that ate the same meal six hours before going to bed. Also, it is thought that a meal high in fat is more likely to trigger symptoms. In fact, it has as much to do with the total calories than the makeup of the calories. The fat content of the meal has more to do with the frequency of the symptoms, while the calories are related to the severity of the symptoms. So eating a high fat, high calorie meal is the worst possible option. Anybody for a Big Mac, fries and shake?

Eat small, frequent meals with low to moderate fat as opposed to the usual Standard American Diet (SAD).

## Nutritional Supplements

Calcium carbonate remains the most often used OTC for acute symptoms because it works. The calcium carbonate itself neutralizes the stomach acid while the elemental calcium may increase muscle tone and improve peristalsis (emptying the esophagus).



In a Swedish study, the use of beta-carotene 25 mg daily for 6 months was associated not only with symptomatic improvement but with histologic improvement noted on biopsy. It could not be determined if the cells got healthier because of the direct effect of the beta-carotene or simply because they were not exposed to as much acid.

Alginate is another option. This seaweed derived supplement acts like a blanket floating on top of the stomach contents. This barrier prevents the contents from erupting up into the esophagus.

My personal favorite is a good digestive enzyme with a little Betaine HCl. This improves digestion and gastric emptying by giving the body back what it needs to work properly.



## Summary

The choice is yours. You may chew your food, give your body what it needs, eat small, frequent meals with low to moderate fat well before your bedtime, avoid caffeine, alcohol and other known triggers and use your beta-carotene, alginate and the occasional TUMS and be the healthier for

it, or you can take your proton pump inhibitor, become malnourished, get an infection that makes you weak so you fall and break your hip then get pneumonia while you are lying in a hospital bed waiting for the stomach cancer to kick in. Seems like a "no brainer" to me.

### Bio-Center Laboratory

These tests may be useful in the evaluation of stomach acidity and digestion.

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# Holistic Approaches to Combat Ulcers

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



Relying solely on medication to heal your ulcer is probably not a good idea. Lifestyle changes can immediately reduce symptoms, and if you drink, smoke, or take other drugs that irritate the stomach, you may end up where you started or suffer additional side effects from prescribed medications.

Once an ulcer is diagnosed and you begin the prescribed treatment, you will probably feel some relief; however, as with all health concerns, a patient who is active, and consciously taking a holistic approach to wellness has a better shot of healing the ulcer

permanently. Here are the top lifestyle changes you can immediately make to begin your journey to full ulcer recovery.

## Stop Smoking

If you smoke, you are already at an increased risk for getting an ulcer. The data also show that ulcers take longer to heal in smokers and that the ulcer medication you are taking may be less effective. Scientists do not know exactly why smoking has these negative effects.

“Smoking cigarettes clearly affects healing of ulcers,” says Patrick I. Okolo, III, MD, MPH, chief of endoscopy at Johns Hopkins Hospital and assistant professor of gastroenterology and hepatology at the Johns Hopkins University School of Medicine in Baltimore.

## Beware of Non-Steroidal Anti-inflammatory Drugs

Non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and many others, are taken for pain and fever, but can cause an ulcer if used too often. NSAIDs also can prevent an ulcer from healing as quickly as you would like, so talk to your doctor about what you can take for your other aches and pains while you are waiting for your ulcer to heal. Also, be sure to read all drug labels; some products such as cough and cold liquids have NSAID ingredients in them and should be avoided. Acetaminophen (Tylenol) does not cause ulcers, so it may be an effective pain relief substitute, but also has dangerous side effects if used in excess.

## Take All Prescription Medications as Directed

It is very important to take all the medications your doctor has prescribed until finished, and follow up with your doctor to track the healing process, especially if you are taking multiple antibiotics to fight a *Helicobacter pylori* (*H. pylori*) infection (the major cause of ulcers) in conjunction with antacids. I suggest immediately talking to your doctor if you experience side effects such as nausea, dizziness, or diarrhea.

## Manage Your Diet

Historically, people suffering ulcers were told to eat small, bland meals and drink lots of milk to help heal ulcers, but today doctors



*Holistic Approaches to Combat Ulcers continues on page 6...*

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## October 2–4, 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 May 1, 2014

know otherwise. "There is no science that supports the admonition to eat bland food," says Okolo. "While it is true that certain foods may make someone more symptomatic because they irritate the stomach more, there is no truth that [any food] makes something heal less or faster if you eat it." However, if you know that there are specific foods that make your ulcer feel worse, avoid them until your treatment is over. In general, Okolo recommends a balanced, nutritious diet and healthy lifestyle to support healing.

**Reduce Alcohol and Stress**

Cut back on alcohol or better yet, stop drinking alcohol entirely to help your body heal naturally. Also, manage your stress. Most ulcers are caused by H. pylori or NSAIDs, but for a small group of patients, stress does appear to have a connection to ulcers. I suggest some form of stress release including yoga, exercise, meditation, or massage therapy.

**Diet**

Avoid foods that contribute to stomach acid, including but not limited to caffeine, soda, processed and spicy foods. Drink plenty of water - at least 6 to 8 glasses every day to detoxify and cleanse the body. Staying hydrated also includes eating organic, raw fruits and vegetables daily. Raw cabbage juice has been shown to help relieve several afflictions of the digestive tract, including ulcers and acid reflux. It also helps strengthen the digestive tract, healing the problems at the source and the recommended dosage is one quart of cabbage juice daily (about 4 cups). Other vegetable juices are also beneficial, especially raw carrot, spinach, beet, and cucumber in any combination with carrot and cabbage comprising the bulk of the juice you prepare.

**Garlic**

Garlic is known to have antibiotic properties and may inhibit the growth of H. pylori, a bacterium known to cause stomach ulcers. Increase the amount of garlic in your diet and let it control the growth of these bacteria. Simply roast a head of garlic and spread it on bread like butter; it tastes delicious.

**Yogurt**

Yogurt with live active bacteria is an easy and readily available remedy for ulcer relief, especially during a flare-up. Yogurt will soothe and line the stomach, as well as reduce pain and aggravation caused by the ulcer. Research has shown people who eat yogurt in their diet are less likely to form ulcers. The bacteria found in yogurt, Lactobacillus bulgaricus and L. acidophilus might offer therapeutic properties and protection against ulcers.

**Honey**

Natural whole honey has been shown to prevent the growth of H. pylori. Slowing the bacteria growth can offer relief from the pain of an ulcer. Honey also helps coat the stomach lining, which allows the ulcer to heal. I suggest local organic honey daily.

**Teas and Herbs**

Stomach acid and ulcer pain can be reduced by simply drinking red clover or wood apple leaf tea before bed. Both deliver high levels of tannins, which reduce ulcer inflammation. Also, try eating fenugreek seeds, they create a mucous coating in the stomach and intestines that helps provide a protective barrier for the ulcer to heal.



Always be reminded to consult your primary care physician before embarking on any new health regimen and live well!

**Sources:**

- Patrick I. Okolo, III, MD, MPH, Chief of Endoscopy— Johns Hopkins University School of Medicine, Baltimore MD
- Everydayhealth.com
- FamilyHerbalRemedies.com

Bio-Center Laboratory at Riordan Clinic offers a test for H. Pylori Antibodies for only \$97.

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# Lunch & Lecture Series 2014

## Rev Up Your Health

### Understanding the Importance of Nutrient Testing

Low on energy? Get your nutrient levels up! Find out where you stand at our semi-annual CHECK YOUR HEALTH event. Join us as Dr. Ron and the Riordan Clinic panel of doctors explain the importance of knowing your key nutrient levels and the need to “fill up” your reserves to avoid or alleviate chronic disease. This is your chance to ask our doctors questions about how our specialized nutrient testing can benefit you.

#### Presenters:



Ron Hunninghake, MD



Mike Bauerschmidt, MD



Charles Hinshaw, MD



Jennifer Kaumeyer, ND



Anne Zauderer, DC

**When:** Thursday, March 20, 2014  
12:00–1:00 p.m.

**Cost:** FREE, Lunch is included.

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## Lunch and Lectures: A Look Ahead...

- |                          |   |                       |
|--------------------------|---|-----------------------|
| <b>May 8, 2014</b>       | Is a Healthy Diet Always a Fat Loss Diet?<br>How to eat and exercise to lose weight | Dr. Jennifer Kaumeyer |
| <b>July 17, 2014</b>     | Which Comes First—Aging or Hormone Loss?  | Dr. Mike Bauerschmidt |
| <b>November 13, 2014</b> | Conquer Stress by Renewing Your Adrenals  | Dr. Anne Zauderer     |

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



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# SAVE THE DATE!

## Spring Into Health Sunday April 13th 2:00–5:00 p.m.

### Bob Page Pyramid

Join us for a  
Riordan Clinic update by  
Dr. Ron and staff

Gratitude Trail Opportunities

Art Show in the Domes  
by Gallery XII artists

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If you have questions, contact  
Paula Smith at 316-682-3100