“Beating the Sugar Blues” is a book on hypoglycemia published in 2001. Two MDs, Lincoln and Eaddy, made the case for low blood sugar as cause for depression, anxiety, and a host of additional mental conditions.

In 2015, we can now look back on this book as an early introduction to the dangers of refined sugar—the scope of which still includes, but goes way beyond, the mental consequences of reactive hypoglycemia.

Sugar. It’s a happy food, right!? We have lots of it at parties and celebrations. We crave it when we’re down. We love it. But does it love us? Hardly.

Sugar. Let’s speak some different phrases regarding this word: obesity; diabetes; amputation; hepatitis; liver transplants; addiction; blame; bypass surgery; systemic inflammation; autoimmune crises; chronic fatigue; suicide; cancer; dementia; dialysis; blindness; epidemics; catastrophic budgetary overload; digestive chaos; infection; candidiasis; military breakdown; stress!

“What? These words are way too harsh. We’re just talking about cookies, and cakes, and some soda pop, right? These words don’t have anything to do with donuts…do they?”

Yes they do. And here’s one more “sugar blues” word: crisis!

America…and for that matter, almost all of western civilization is in the midst of a health care crisis. One category of disease is now overtaking the capacity of modern health care to respond: chronic metabolic disease.

In 2012 alone, Americans spent $245 billion dollars for diabetes care alone. $200 billion dollars was spent on dementia—now being referred to as type 3 diabetes. Enter Obamacare. This is the “insurance fix.” This is the much vaunted preventive care that will control the financial hemorrhage. Estimates are that 30 million new
insured Americans will now get the care they need. Great!

Problem: there is no current “prevention” for chronic metabolic syndrome. Preventive services, if they existed, would be “the fix” for this. But there is no clear cut preventive strategy for these terrible trends!

Why? Because the real root cause — sugar overuse — is a “personal choice.” Personal choices dare not be legislated. Americans get to “choose their poison” and the poison tastes good, and it is addictive.

“No! This is more than just a simple choice... this is personal responsibility!” Obese people (the presumed perpetrators of this runaway train of health care expenses) are personally responsible for their overuse of calories and their underuse of exercise.

“Eat less and exercise more!” is the salvation mantra currently being sung from the mountain tops of government, conventional medicine, and even the huge food companies who ardently wish to wash their hands of this looming medical and political Armageddon. Two deadly sins are at work here: gluttony and sloth. It has nothing to do with innocent sugar and all the happy foods made from sugar.

But what about the obese newborn babies that Dr. Robert Lustig, a pediatric endocrinologist, passionately describes in his new book, Fat Chance? Are they at fault for being fat? Did they choose to over-eat their fructose corn syrup laden formula? Was it their personal choice, responsibly made?

Or is there a biochemical explanation that is more fundamental than the “personal freedom of choice?” Could obesity in both kids and adults be due to an underlying biochemical root cause?

Would it surprise the reader to learn that Americans typically now have insulin levels three times higher than their grandparents?!

Would it surprise you to learn that 83% of people in America now have type 2 diabetes, and don’t even know they have it?!

“You are blind to diabetes until you become blind from diabetes,” reports Dr. Lustig.

240 million Americans

Obese
72 million 30% of the total population
20% of obese are not sick

Non-Obese
168 million 70% of the total population
40% of non-obese is thin-outside-fat-inside (T.O.F.I.)

80% of Obese have Chronic Illness
The chronically ill obese population (57 million) all carry heart disease, hypertension, cancer, dementia, joint disease requiring replacements, liver disease, depression, etc. Ah-ha! It’s the obese people that are driving health care costs, right? If we could just get those 57 million obese people who are sick to simply diet and exercise their fat away, then the problem would be solved.

Think again…What about the 20% of the obese population who are completely healthy? They are not adding to the medical tsunami washing over America today. They are obese, but not sick.

What about the 40% of the non-obese population who have all the manifestations of this chronic metabolic syndrome? That’s 67 million people who suffer all the complications of this metabolic sickness and who add to the very high costs of managing this pervasive disease syndrome.

40% of 168 million is 67 million! This is 67 million non-obese Americans who are every bit as sick and expensive as the 57 million obese Americans with metabolic syndrome. They are T.O.F.I.—Thin on the Outside, Fat on the Inside. (It’s the fat that surrounds the visceral organs that causes the metabolic disruption and disease. It’s directly related to excess sugar consumption.)

Add the two sick groups: 57 million sick obese people plus 67 million sick T.O.F.I. people. That’s 124 million Americans who are tragically ill…from sugar! This is the new sugar blues. It goes way beyond dealing with the uncomfortable hypoglycemia symptoms that doctors Lincoln and Eaddy reported on in 2001.

So let’s face it, we have a public health crisis way beyond Ebola and measles. The real danger here is that “the illness” is invisible to 67 million sick Americans who are pointing their fingers at 57 million visibly fat Americans and blaming them for “their illness.”

What are we to do? Simply feeling depressed and “blue” will not help. Let’s start with a fundamental fact that is the key to the solution here:

**A calorie is not a calorie!**

Cola companies have no right to say that the sugar calories from their soda pop, their juices, their energy drinks…are the same calories as the calories from whole foods, colorful fruits and veggies, and other unprocessed real foods. The fiber, the phytonutrients, the vitamins, minerals, omega fatty acids, amino acids, antioxidants, and all the other vital components of real foods significantly reduces the inflammatory and obesogenic effects of their natural sugar content. Whole foods are metabolized differently (and better) than simple sugars.

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*Sale can not be combined with other discounts or offers*
The fructose corn syrup solids in baby formula (that can add up to what’s in a can of pop!) do not equal the natural sugars in mother’s breast milk! This sugar is causing obese babies, not irresponsible choices on the baby’s part. (Wake up, mothers!)

They say it is common sense that a calorie is a calorie. Scientific data says differently. Common sense says the world is flat.

Sugar is not only an empty calorie…it is a toxic calorie.

For every can of soda you consume (150 calories) your risk of becoming diabetic goes up 11 fold!

The average American consumes two and half cans of soda pop a day. So the average American’s risk for diabetes actually goes up 29 fold!

80% of packaged foods available in grocery stores today are spiked with added sugar. If you “read the label” to check for hidden sugar—there are 56 alternative names for sugar, purposefully meant to confuse you and make you think you are eating something healthy, when you are not.

So, what are we, the consumer, to do?

Wake up! Sugar is the wolf in sheep’s clothing. It is not your friend. It will make you “blue.” It is a health terrorist in our midst that we have “bought.”

Vote with your pocket book. Read labels. Eat whole foods. Get real about your food choices. Stop pretending that sugar is fun food. Throw out the old “a calorie is a calorie myth.” Stop blaming fat people—you may be one yourself within your abdominal cavity.

Ending the sugar blues begins and ends with you. Government is too much in bed with the food companies. The food companies are too much in bed with the need to make a profit. Sugar is too cheap, too addictive, and too pervasive to simply make it magically go away.

Only you can do that.

Just do it.
Making those New Year’s Resolutions Stick
by Karen Wheeler, APRN

It’s that time of year when a lot of us “resolve” to make changes in our lives. Many people decide to make healthy lifestyle changes. You will see attendance at gyms go up and people trying to give up smoking or sweets. Sadly, within just a few weeks, people give up on these choices and go back to their old ways of doing things. Consequently, they feel like failures and put off trying again until the start of the next year.

So how can 2015 be different? When I was teaching cardiac rehab, one of my trainers told me that it takes about 6 – 8 weeks to develop a new habit. So mark on your calendar every day for the next 8 – 12 weeks, a reminder to “Hang In There”. With all of our smart phones and other gadgets, this can be an easy way to jog your memory to stick with your goals.

Next, make your goal a reachable one. If your scale says that you are 50 pounds above your ideal body weight, but that seems overwhelming to you, decide that you want to lose 10 lbs. in the next so many weeks. And once you accomplish that, and then set the goal for losing the next 10 lbs. and so on, until you reach that bigger goal. The smaller steps are often easier to reach and then you can prove to yourself that you really can do this. The boost to your self-esteem for reaching your goal will make keeping this up even easier.

Have a plan to make your resolutions come true. It doesn’t matter what the goal is, decide what will work for your life to get there and then stick to that plan. If you want to exercise more this year, decide if that would work better if you committed the finances to buying a gym membership or buying home exercise equipment. Decide what time of day are you going to exercise & put that on your calendar.

Probably the most important thing you can do is recruit your family and friends to support your healthy choices. If the people who care about you are aware that you have made a resolution, then they can remind you of this and encourage you along the way. They can also decide to join you and so spreading the health and wellbeing of your group. Feeding off each other’s positive attitudes will help you develop better habits.

So this year really can be the year that you succeed in making your healthy resolutions stick! The plan is to remind yourself every day of your goal, set a reasonable goal, have a plan to make it work and develop a support group. And remember that if you forget to stick with the plan for a while, you can always start over again without waiting until the start of another year or a health crisis. Start moving towards health every day that you wake up breathing. Believe in your ability to live a healthy life and then start doing it!

Sources:
"Why Marriages Succeed or Fail" by: John Gottman
"Anatomy of Love" by: Helen Fisher
Laurie@DonnellsHealingGarden.com
Are You Addicted to Sugar?
by: Charles T Hinshaw Jr, MD, Director BioCenter Laboratory

Our brain craves sugar thanks to the “feel good” neurochemical dopamine, an addiction (dopamine) that occurs quite easily, just like addiction to cocaine. (See illustration to the left). Actually, sugar closely resembles cocaine in molecular configuration and both stimulate the release of dopamine in the brain centers responsible for our feelings of pleasure, including sex, victory, strength, high energy, etc. It has been postulated that this craving is the result of periods of famine occurring many thousands of years ago. During the periods of famine, survivors were those who were most adept at storing energy in the form of fat. Thus, those with the highest levels of dopamine, i.e. cravings of food sources containing sugar, were rewarded by feelings of pleasure, plus higher levels of stored energy and thereby survival. This is an example of survival of the fittest. Now, with the ready availability of refined white sugar, just like refined white cocaine, we consume increasing amounts of sugar in order to satisfy our ever increasing addiction, resulting in the “Sugar Blues” as described above by Dr. Hunninghake. Our national consumption of sugar is 22 teaspoons per day and growing: recommended consumption in now 4 teaspoons per day.

From the standpoint of laboratory testing, there is a trio of tests available through BioCenter Laboratory at the Riordan Clinic that can be very helpful in both diagnosis and evaluation of treatment.

- **Glucose (blood sugar).** It should be noted that approximately 50% of refined sugar is glucose, and 50% is fructose, another simple sugar (monosaccharide) that is metabolized differently than glucose. Blood glucose levels are meaningful at several different time intervals, including fasting, 2 hours after a meal, or at specific intervals after consumption of a measured amount of glucose, usually for four to six hours. Also, the average blood glucose over a 60 day interval can be measured by determining the amount of glucose bound to red blood cell hemoglobin, hemoglobin A1c.

- **Insulin.** A hormone manufactured by specific cells in the pancreas that acts like a doorman ushering glucose into cells where the glucose is needed for energy production. High insulin levels suggest acute elevated blood glucose but may also suggest insulin resistance due to frequent and/or prolonged high glucose.

- **Leptin.** A hormone produced in adipose (fat) tissues, but in other sites as well. Leptin, known as the satiety hormone, crosses the blood-brain barrier and normally carries a message to specific regions of the brain, signaling us to stop eating. Just as with insulin, leptin resistance can occur.

To paraphrase, as William Duffy once wrote, “If you’re sick, it’s your own damn fault. You know better than anyone else how you’ve been abusing your body, so stop it. Sugar is poison, more lethal than opium and more dangerous than atomic fallout.” Strong words, but worth heeding.

To view full image visit: http://www.healtheo360.com/blog/894/cocaine-vs-sugar-infographic/

IN GRATITUDE

Thank you to all individuals and groups who have donated to our clinic in 2014 through financial support, including 100% of our staff. The following is the acknowledgement of contributions through our levels of giving:

PEARL $10,000+
Dinner with President Brian Riordan

- Flossie West Memorial Trust, Augusta, KS
- Verne & Julie Harnish, Gazelle’s Inc., Ashburn, VA
- Janice Riordan, Wichita, KS
- Dr. Neil Riordan, Aidan Foundation, Dallas, TX

DIAMOND $1,000+
A large engraved limestone on our Gratitude Trail

- Dr. Brenda H. Canedy
- Dr. Norman W. Canedy
- Martin & Melodee Eby, Wichita, KS
- Garvey Kansas Foundation, In Memory of Willard W. Garvey & Oliver W. Garvey, & Dr. Hugh Riordan, Wichita, KS
- James Garvey, Wichita, KS
- Dr. Charles Hinshaw, Staff
- Dr. Ron Hunninghake, Staff
- Livon Laboratories, Henderson, NV
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- David & Mary Theroux, Oakland, CA
- Lee Wacker, John Wacker Memorial Fund for Children, Dallas, TX
- Virginia Wilson & Peter Manoogian, Houston, TX

EMERALD $500+
A small engraved limestone on our Gratitude Trail

- Ed Laverentz, AERO Interior Maintenance, Cheney, KS
- American Marketing Association, Chicago, IL
- Anonymous—Patient Care
- Kenneth Anderson, Ulrich, MO
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- Dr. Brenda H. Canedy, Minneapolis, MN
- Dr. Norman W. Canedy Minneapolis, MN
- Louise Cates, Lee’s Summit, MO
- Cheryl & Bruce Conwell, Wichita, KS
- Elizabeth Marietta, Salina, KS—In Memory of Bob & Betty Marietta
- Julie Sheppard, Wichita, KS

EMERALD $500+
A small engraved limestone on our Gratitude Trail

- Mike Stewart, Staff
- Sandy Tangeman, Wichita, KS
- Thornton Anderson Trust, Wichita, KS
- Michael Whitt, Kansas City, MO
- Delores Yoder, Hesston, KS

RUBY $100+
A 4x8 engraved brick on our Gratitude Trail

- Christie Benton, Staff
- Bettye Biglow, Wichita, KS
- Cassandra Bryan, Wichita, KS
- Annette Chlumsky, Staff
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There are a lot of questions in today's world about what to eat, how to eat and why.

This in-depth course will connect the dots and address some fundamental questions behind how our diet impacts our health and well-being and how it contributes to the progression of chronic disease.

Held every Tuesday from 2:30 – 4:30 pm at the Riordan Clinic.

$39 for an Individual + Guest
17 and Under are Free
New Patients are Free

Register by phone 316.682.3100 x307 or by email: reservations@riordanclinic.org

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PATIENT PROFILE
by Danae Baker, MA, Riordan Clinic

It’s a New Year and what is your New Year’s resolution? Is it spending more “me” time, dieting, or maybe exercising more? Whatever the case may be, getting healthy is always a great choice. Depending on your lifestyle and personality it will determine what type of diet lifestyle changes work best for you.

I had the pleasure of meeting a co-learner, as well as a coworker, who has been battling weight issues since she was twenty-five. After getting injured from falling off a horse she was unable to do anything. Acupuncture allowed her to do water exercises without fear of re-injuring herself. Shortly after, she started working at the YMCA as a water aerobics instructor. She also regained her stamina and flexibility. While on the Detox program, our co-learner lost sixteen pounds in twenty-one days, but she wanted to lose more. This past July she talked with Dr. Kaumeyer, our Naturopathic Doctor, who suggested the HCG program. She also spoke with another coworker who also tried the HCG program, who had lost forty pounds in forty days, “what a motivation that was”. He was never hungry on the program. She tried different diets, but always had low blood sugar issues.

Even though she was eating healthy she did have proportion issues. With the help of Dr. Kaumeyer she started removing non-essential foods from her pantry and cleaned out the fridge. The HCG program diet is so simple and specific that she had no trouble adhering to it. During the forty days she lost forty-one pounds, and during the maintenance phase she dropped another ten pounds. She said that the hardest things she had to give up were coconut oils, nuts, and avocados.

When you’re seeing a pound a day come off your body it is a great incentive. I certainly have, and would, recommend the program to all those who have had trouble losing weight in the past. Life is good when you can move easier and have more energy on a daily basis. I actually was surprised that I can almost run up and down stair cases that I previously had to pull myself up with the rail. It’s a beautiful life, so live it!! After 9/11 happened I was listening to late night talk radio and there were many people who called in to ask, ‘What can an average citizen do to make a change?’ The news was saying to be vigilant and to report any suspicious behavior, but what can I do? The DJ was Michael Savage and he is somewhat of a “health nut”. He said ‘Everyone needs to get healthier and stronger so that if there is another disaster, whether it be a terroristic attack or a natural disaster, YOU can help your family and neighbor.’ That hit me right in the heart. I have always been one to want to help others and not be the one needing help because of my decreased capabilities due to being overweight!”

March 13 & 14
San Juan, Puerto Rico

Riordan Clinic IVC Academy
Your path for a better quality of life.

This year’s Riordan IVC Academy Event will be based at the premier La Concha Resort in San Juan, Puerto Rico, and is packed with two days of lectures, conversations, and camaraderie with other medical professionals who use high-dose Vitamin C in their practices. On Friday there will be multiple speakers laying out the history and steps behind the proper use of the Riordan IVC protocol. The academy lectures will serve as an excellent opportunity for IVC practitioners to become more involved with IVC Therapy, adjunct therapies and expound new approaches to treating cancer. Lectures continue into Saturday and we will conclude the event with the Riordan IVC Certification Test, which will be graded and returned before dismissal.

For more information please visit www.IVCacademy.org.

HCG Rx+