



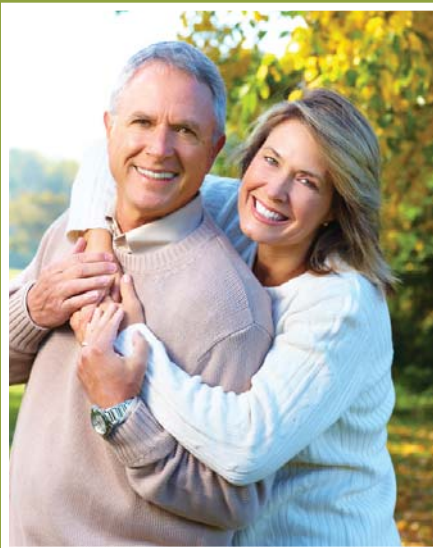
Health Hunters Newsletter

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The Cure to Alzheimer's Disease

by Dr. Jennifer Kaumeyer

I could write for days on this topic giving you information that you could probably just 'google'. Instead, I decided to do my best to use this brief moment while I have your attention to get you thinking. A quick aside, as you read ahead, you could really put whatever name for whichever chronic disease you want in the place of Alzheimer's. In other words, this information holds true for most all "dis-ease."

First, let's define Alzheimer's. According to the Alzheimer's Association, Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. It is the most common form of dementia, accounting for 60-80% of cases. It is not a normal part of aging, yet aging is the biggest risk factor. However, 5% of the cases in America are early onset before the age of 65. It is a disease with a very insidious onset and worsens over time. It cannot be officially diagnosed until after death when a brain biopsy can be performed - however, the neurofibrillary tangles and amyloid proteins that were once thought to be distinctive to only Alzheimer's, we now know is seen in general aging. There are currently no treatments for the disease only drugs to help the symptoms. There are many theories on what causes Alzheimer's: Accelerated aging, Type III Diabetes (insulin resistance within the brain), Statin (cholesterol lowering medications) induced, infectious agent, mitochondrial dysfunction, heavy metal exposure, immune system dysfunction and genetics. Could they, in fact, all be contributing causes?

As it were, Alzheimer's can be a very devastating disease to the patient and the patient's family. It can be so devastating that often the children and grandchildren of the Alzheimer patient spend their lives worrying that they too will succumb to the disease. They are told it is genetic; yes, in fact it can and often does run in family lines. This creates a sense of helplessness. But we have more control than you think!

The Cure to Alzheimer's Disease continues on page 2...



Contact the Editor

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

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Sean Osler
Editor

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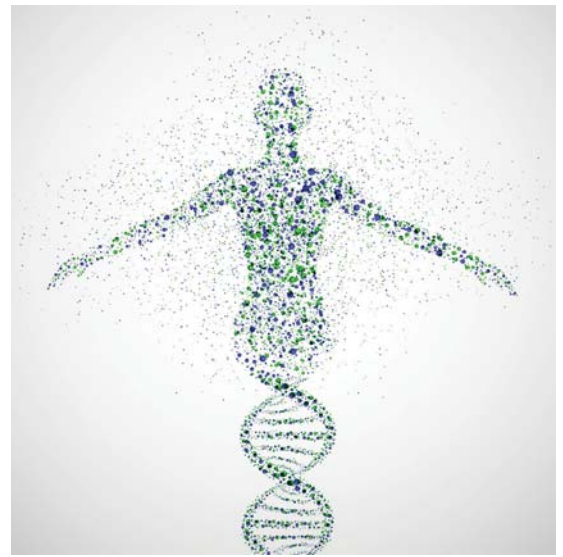


The Cure to Alzheimer's Disease continued from page 1...

Yes, there is a genetic 'correlation'. However, 'correlation' does not equal 'causation.' The cause seems to be more of an 'epi-genetic' nature. Most people, even doctors, are pretty clueless about epi-genetics. In brief it means "above genetics". It is the discovery that, despite the fact our DNA is set from birth, how it is expressed and not expressed is controlled by our environment. Yes that is right, our environment controls how our DNA is expressed. What we eat, what we breath, what we think, what we watch on TV, our hobbies, our ability and/or inability to love and forgive

(the list goes on) ALL control our genetics! This enlightening discovery should bring hope to us all. Unfortunately, what I see with patients more times than not is that this knowledge brings a sense of hopelessness because most do not want to believe it. Firstly, most do not want to change, change brings a sense of overwhelming anxiety. Secondly, they do not want to believe that we are all creating our environment that is breeding devastating diseases such as Alzheimer's. They want to keep searching for a 'quick fix', a 'cure' if you will. The fix usually is not quick, and not easy, but the fix can be very simple and even the smallest changes can produce an overwhelmingly positive effect. Trust me, I see it every day! The real cure is in understanding the causes so that we can remove the obstacles and add the missing links. When we do just that, our health improves and as our health improves so do our genetics and the genetics of our children. This knowledge should bring you hope for 'he who has hope has everything!'

A recent article out of UCLA was entitled "Memory loss associated with Alzheimer's reversed for first time... using 'Systems Approach' to memory disorder". FIRST TIME? When I read this, all I could do was chuckle. And what is 'Systems Approach'? That must be the politically correct term for 'Holistic'. Now I'm down right 'laughing out loud'! Seriously though, this is not new stuff; the Riordan Clinic , Naturopathic Doctors, Orthomolecular and Functional Medicine Doctors and even conventional doctors, before the era of pharmaceuticals, have all known this and been educating on this truth for decades. If you go look up some of Dr. Riordan's Lunch and Lectures from years past, you will see that this is certainly not new. But for most of us in the "Holistic" or "Systems Approach" world, as you will, don't need recognition. We just want to see change and I'm just happy to see the conventional field of "medicine" moving towards this ancient truth. Finally! Bredesen, a professor of neurology at ULCA, says the "approach is personalized to the patient, based on extensive testing to determine what is affecting the brain's plasticity signaling network." Again, exactly what we at the Riordan Clinic have preached for 40 years. One participant in this study saw great improvements with the following program:



The Cure to Alzheimer's Disease continues on page 3...

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- Eliminating all simple carbohydrates, gluten and processed food from her diet, and eating more vegetables, fruits and non-farmed fish
- Meditating twice a day and beginning yoga to reduce stress
- Sleeping seven to eight hours per night, up from four to five
- Taking melatonin, methylcobalamin(a form of B12), vitamin D3, fish oil and coenzyme Q10 each day
- Optimizing oral hygiene using an electric flosser and electric toothbrush
- Reinstating hormone replacement therapy, which had previously been discontinued
- Fasting for a minimum of 12 hours between dinner and breakfast, and for a minimum of three hours between dinner and bedtime
- Exercising for a minimum of 30 minutes, four to six days per week

The real take home here is the fact that it is an individualized approach! And from the mouth of Bredesen, "It is noteworthy that the major side effects of this therapeutic system are improved health and an improved body mass index, a stark contrast to the side effects of many drugs." The article then goes on to say how more cases need to be replicated in order to become 'truth' or 'proven'. What they do not know (or they do but will not admit) is this has been replicated time and time again in people all over the world. They just were not a part of university organized medical trials.



No one knows what causes Alzheimer's, just like no one knows what causes Cancer, Autoimmunity, Diabetes, Autism, Fibromyalgia, IBS, etc.; or do we know but choose not to believe it? We won't accept the cause until 'Science' proves it, right? I often ask my patients "Do you really want to wait that long? If so, you could be waiting many lifetimes." A wise old college professor once told me "Jennifer, you cannot prove the obvious", kind of similar to the fact that you can't define 'THE', it is what it is. What I want you to question is why is a therapy, which only produces beneficial side effects, not taken on as a standard therapy? Why must they try to 'prove' the obvious? How could science ever prove individualized therapies if the "double blind placebo" models only work on the assumption that we are all alike? Why are the therapies with harsh side effects accepted before those that only produce beneficial results? Is it because it's too time consuming for us, and doctors, to teach or, do they think we are all just lazy, or do they actually think they will eventually find the 'quick fix'? I'll let you decide.

My biggest hope is that, if you got anything out of this very short article, if even for a brief moment, that you had a shift in how you think and view the world. As Benjamin Franklin once said, "If we are all thinking alike, then no one is thinking." I encourage you all to keep an open mind and never stop learning.



1. Wheeler, Mark. "Memory loss associated with Alzheimer's reversed for first time." Oct. 2, 2014
 2. www.alz.org

Lifestyle Changes to Prevent Disease

by Nichole Kunkel RN

Sugar is the number one abused food in the world. The amounts consumed on a regular basis are at such high volumes that the body can hardly adjust. This puts continuous strain on the organs that are essential in metabolizing and breaking down sugar. Abuse to these organs and systems cause an increase in blood sugar irregularities and inevitably lead to disease.

Arriving at the clinic in early 2011 overweight, with high blood pressure, being stressed and irritable, a young man publicly known in his community was determined to seek a complete lifestyle change. After hearing about our HCG program during a doctor's consultation and learning the details of his health that included how his diet was creating tremendous inflammation within his body, he immediately decided to begin our HCG program.

Within weeks of being on the HCG diet, his blood pressure medication doses were able to be cut in half, hormones were regulating on their own and oral blood sugar regulators were able to be discontinued. Once the diet was complete and the patient had finished the program all the way through a maintenance phase, a final health evaluation was performed. He had lost over 80lbs and no longer had to take any blood pressure medication or oral blood sugar regulators. After being on medications for years and believing he could never get to this point, he began to see many doors open for his health and life. Chromium, a simple supplement that few people are aware of, was started to help control sugar cravings and to help stabilize blood sugars. He now travels with his wife without the worry of what others in the room are saying or worrying if there will be places for him to sit. He has the energy back he had in his twenties and says he is living the life he thought he had lost.

Simple life style and diet changes can create a whole new quality and quantity value in life that can easily be overlooked, or even seem unimaginable. Our health is a process that we must continue to monitor on a daily basis. Life styles and supplement education are two key foundations that could change, prolong and ignite your life. Are you ready to live a long, healthy and preventative life style?



There is No Single Test for Diagnosing Alzheimer's Disease

By Charles T Hinshaw, Jr, Director, BioCenter Laboratory, Riordan Clinic

Although there is no single test for diagnosing Alzheimer's disease the following sequence of physician, laboratory and imaging tests is helpful both in knowing what to expect and in arriving at the correct diagnosis.

PHYSICIAN

One of the first things the physician will do is conduct an analysis of your health history, with special reference as to time, place, general demeanor and memory. They will also conduct various neuropsychological testing.



Another way physicians may help you to expect or diagnose Alzheimer's disease is through observation. They will observe the patient's balance, eye movements, coordination and sensory impairment. A frequently used test is to ask the patient to draw a clock and then to draw the hands correctly on a requested time.

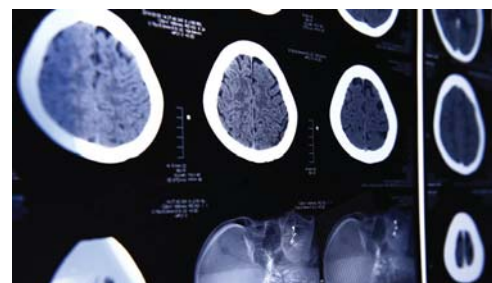
LABORATORY

Thyroid testing is one of the more common tests in providing information for what to expect and diagnose. Tests to uncover vitamin deficiencies, such as B12 and Folic acid, may also be run. Blood glucose testing can also be a good indicator of Type II Diabetes, tests including insulin. Other tests to be noted that can play a part in arriving at the correct diagnosis are liver function tests and electrolyte tests.



IMAGING

A few of the most important imaging tests are: MRI, PET or CT scan. These tests help rule out strokes, tumors and trauma. Brain shrinkage is the most useful characteristic observation in Alzheimer's.





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Healthful Hints: What to do When Your Child Has a Fever

by Dr. Jennifer Kaumeyer

There are many reasons why a child runs a fever. The body normally runs a temperature of 98.6°. Mild elevations can occur normally after exercise, with excessive clothing, from a hot bath or hot weather. An infant's temperature tends to rise after bottle or breastfeeding for a half hour or more. Most childhood fevers, in the range of 99–104°F (37.8°–40°C), are not harmful and are often due to a virus. Most fevers that stay under 100°F (38.3°C) are due to hot weather or overdressing.



Fevers are a symptom, not a disease. Sometimes a fever alerts us to a serious condition and is a cause for concern, while at other times it is not. A fever is the body's normal response to an infection. It increases the body's immune system functions by increasing the release and activity of white blood cells, interferon, and other substances. Therefore, it is important not to prevent the body from this important infection fighting process. The naturopathic

perspective tends to regard fevers below 102°F (39°C) as useful to the body to help us to eliminate toxins through sweating and to fight disease-producing organisms.

In general, the height of the fever does not relate to the seriousness of the illness; it is the behavior of the child that matters. A fever usually will not cause any symptoms until it reaches 101.5°–103°F (38.9–39.4°C). Fever causes no harm to a child until it reaches 106.7°–107.6°F (41.7 to 42.2°C). Only 4% of children with high fevers will develop febrile convulsions, which are generally considered harmless.

Children over 2 months of age can be given acetaminophen every 4 to 6 hours, but only if the child is uncomfortable and the fever is over 102°F (39°C). This will reduce the fever 1–2°F (0.5– 1°C) within 2 hours, but only if the fever was low-grade to begin with. Do not give children (up to the age of 18) aspirin if they have chickenpox, sore throat, cold, or flu symptoms because it is linked to Reye's syndrome, a debilitating neurologic disorder.

TO TAKE YOUR CHILD'S TEMPERATURE

Rectal: Lubricate the bulb of the rectal thermometer. Hold the baby on your lap or have the child lay on the bed. It is best to keep the baby in a position that allows for minimal movement. Insert the bulb one inch into the rectum. Hold in place for 3 to 5 minutes. Normal is 99.6°F (37.8°C), give or take 0.5°F.

Oral: Some children can manage an oral thermometer by age 4 to 5. If in doubt, use an axillary or rectal temperature. Place the bulb of the thermometer under the tongue and hold for 2 to 3 minutes. Be sure to tell the child not to bite the thermometer. Normal is 98.6°F (37°C), give or take 0.5°F.

Axillary: Place the bulb under the child's arm and hold the arm down for a minimum of 5 minutes. Normal is 97.6°F (36.5°C), give or take 0.5°F.

CALL YOUR PHYSICIAN IMMEDIATELY IF:

- Child is under 2 months and has a fever
- Fever over 104°F (40.1°C)(oral)
- Child cries inconsolably
- Purple spots present on skin
- Child has difficulty breathing
- Child cries if touched/moved
- Child's neck is stiff
- Child difficult to wake
- Child drools or can't swallow
- Child is very lethargic

Healthful Hints continues on page 6...

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Celebrating Our Volunteer: Carolyn Mitchell

Carolyn Mitchell has been a volunteer at the Riordan Clinic (formerly the Center For the Improvement of Human Functioning) for over 25 years. We wish to acknowledge this milestone and express our appreciation for all of her time and energy. She is someone who maintains a positive attitude, enjoys helping others and exemplifies dependability. These are the kinds of characteristics that make her an asset to the staff and a pleasure to be around. The following highlights how she became involved with the Clinic and what she's done as one of our valued volunteers.

When Carolyn relocated to Wichita with MetLife, she developed a number of allergies. The allergist she went to prescribed a number of medications which worked only for short periods of time. Her husband, Darryl who was already going to the Clinic, suggested that she go there for help. Dr. Hugh Riordan diagnosed her as being allergic to several plants that thrive in Kansas and several foods. Once the causes were determined, Dr. Ron Hunninghake setup a vitamin regimen along with recommended changes in her diet that helped to alleviate the problem and caused her to feel much better. This made Carolyn a believer in the Clinic's practice of nutrition-based medical care, which seeks to resolve health issues by optimizing vitamin and nutrient levels in the body. From her initial visit in 1988 to the present, she continues to consult with Dr. Ron in an effort to maintain her well-being (good health).

After her appointments with Dr. Ron, Carolyn went to lunch in the Clinic's Taste of Health (TOH) restaurant and became friendly with its staff. The

Celebrating Our Volunteer: Carolyn Mitchell continues on page 7...

Healthful Hints continued from page 5...

- Convulsions occur
- Parent is very concerned
- Call your physician within 24 hours if:
- Fever lasts longer than 24 hours
- Fever between 101.5–104° (38.9–40.1°C)
- Burning pain when child urinates
- Child is less than 24 months or 2 years old
- Call your physician if:
- Fever lasts longer than 72 hours
- Child has a history of febrile seizures
- Fever left for more than 24 hours and has now returned.

TO KEEP YOUR CHILD COMFORTABLE:

- Encourage, but don't force fluids. Pedialyte is a good commercial product.
- Increase frequency of breast or bottle feeding.
- Avoid excessive clothing.
- Provide fresh air.
- Apply lukewarm wet compresses to forehead, nape of the neck, abdomen, back or feet.
- Sponge with tepid water or give your child a tepid bath.
- Keep child calm and resting as much as possible—no vigorous playing.
- Provide simple nourishing foods such as soup, broth or diluted juice.



Could Statins have a Beneficial Effect in Dementia?

by Ruth Scimeca, Ph.D

Statins are commonly prescribed lipid-lowering drugs primarily used in the treatment of high cholesterol and cardio-vascular disease. They inhibit an enzyme named HMG-CoA reductase, which is involved in the synthesis of cholesterol and displays several anti-inflammatory properties. ⁽¹⁾

The first clues that statins may reduce the risk of dementia came from two independent observational studies published in 2000. Since then, the question of whether statins can have a positive or negative effect on delaying cognitive decline and dementia has become a topic. Researchers have been trying to elucidate their effects on neurodegeneration and the development of cerebrovascular disease, which contributes to the risk of Alzheimer Disease (AD).



In 2013 a study showed that statins may slow the rate of cognitive decline and delay the onset of AD and all cause dementia in cognitively healthy elderly individuals. However individuals with Mild Cognitive Impairment (MCI) which is an intermediate stage between the expected cognitive decline of normal aging and the more serious decline of dementia may not have comparable cognitive protection from these agents. Another retrospective study in patients with Type 2 diabetes age above 50 concluded that the regular use of statins might decrease the risk of developing Alzheimer's disease in patients with Type 2 diabetes while no benefit was observed in non-Alzheimer dementia. ⁽²⁾ However in the last years several studies have not found enough evidence

The Cure to Alzheimer's Disease continues on page 7...

Celebrating Our Volunteer: Carolyn Mitchell continued from page 6...

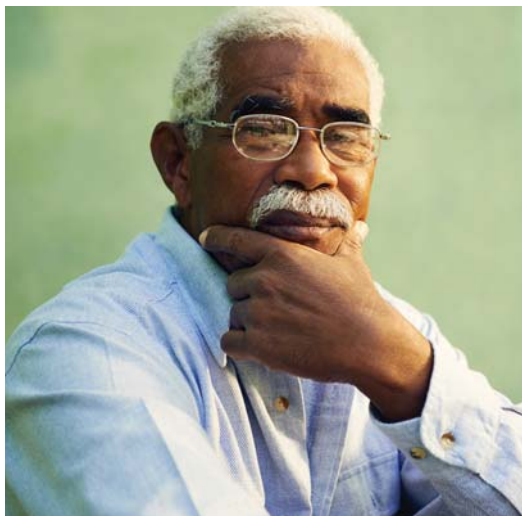
head chef asked if Darryl and she would be interested in volunteering. They agreed and in May of 1989, they started to help out in the kitchen on the weekends. As time went by they began to help with food preparation for the Health Fairs and other special events. They had a fun time and learned more about the Clinic as well. Most of their donated time was spent in the restaurant until it closed. The staff members all made her feel very appreciated and enjoyed spending time with her.

In addition to volunteering for the restaurant, Carolyn has donated time as needed in nearly every area of the Clinic. She has also helped put together a Volunteer Handbook with her fellow volunteers. Carolyn feels that she is helping out in a useful way and staff members continually express their gratitude. In reflecting on her years she has been volunteering at the Clinic, she has concluded that it has been a win-win relationship. She gives up her time to help the staff with certain tasks while in turn, she gets to go to a place she enjoys, learns about health-related matters, meet old and new acquaintances, feels a sense of accomplishment and feels appreciated by the staff. She looks forward to continuing to donate her time at the Clinic, and we cannot express how greatly appreciative we really are for all she has done over these last 25 years. **Thank you, Carolyn.**



Carolyn and husband, Darryl at Riordan Clinic's 2014 Christmas Party

The Cure to Alzheimer's Disease continued from page 6...



to recommend statins for the treatment of dementia⁽³⁾ since none of them had clearly demonstrated a benefit.⁽⁴⁾ In 2012 the FDA made a safety announcement about changing label information for statins. The change included the potential for generally non-serious and reversible cognitive side effects. They reported individuals over the age of 50 years who experienced memory loss or impairment that was reversible upon discontinuation of statin therapy, ranging from one day to years after statin exposure. The cases did not appear to be associated with fixed or progressive dementia, such as Alzheimer Disease (AD).

Until today the evidence if statins have a positive or negative effect on the brain is mixed and more research into the preventative effect of statins is needed. What we do know is dementia has a multifactorial etiology; nevertheless eating a balanced diet can make a difference to your dementia risk.^(5,6) Controlling blood sugar levels indirectly affect the activity of the enzyme inhibited by statins, since this one is active when blood glucose is high. Having proper levels of Vitamin D, E, C, B12 and Zinc is also considered helpful.

1. Blanco-Colio LM et al. *Anti-inflammatory and immunomodulatory effects of statins. Kidney International. 2003; 63:12-23.*
2. Chen J-M et al. *Effects of Statins on Incident Dementia in Patients with Type 2 DM: A Population-Based Retrospective Cohort Study in Taiwan. Forloni G, ed. PLoS ONE 2014; 9(2):e88434.*
3. McGuinness B et al. *Statins for the treatment of dementia. Cochrane Database Syst Rev. 2010; (8):CD007514.*
4. Kelley BJ and Glasser S. *Cognitive effects of statin medications. CNS Drugs. 2014; 5:411-419.*
5. Seetharaman S et al. *Blood Glucose, Diet-Based Glycemic Load and Cognitive Aging Among Dementia-Free Older Adults. J Gerontol A Biol Sci Med Sci. 2014. [Epub ahead of print] PMID: 25149688.*
6. Eskelinen M, et al. *Midlife Healthy-Diet Index and Late-Life Dementia and Alzheimer's Disease. Dement Geriatr Cogn Disord Extra 2011;1:103-112*



Health is...
Student Project Contest

Calling all 5th – 7th grade students!

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PLANNED GIVING

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Your support of the Riordan Clinic reflects your values—values of health, education, and research to enrich our lives and the lives of those around us. A charitable gift to the Riordan Clinic as part of your estate plan is a way to ensure your values live on for future generations.

What you give to friends, loved ones and the causes you champion is also a way of expressing your hopes and dreams for the future. Your commitment to a future of real health for all can be part of your enduring legacy—the capstone of your life.

BY PLANNED GIFTS

You also can become an integral part of the Riordan Clinic’s future by including a charitable gift within your overall estate and financial plans. With a little planning, you can continue supporting the Clinic far into the future, as we continue to lead the efforts of Vitamin C Research. Explore the information below to find the charitable plan that’s right for you, and don’t hesitate to contact us if you have any questions.

WHAT IS PLANNED GIVING?

Planned giving is finding ways to make charitable gifts now or after your lifetime while enjoying financial benefits for yourself.

Planned gifts are sometimes referred to as “stop-and-think” gifts because they require some planning and, often, help from your financial advisor. Unlike cash donations, they are typically made from assets in your estate rather than disposable income and come to fruition upon your death.

The most common planned gift is a bequest in your will or living trust. Other planned gifts include:

- A charitable gift annuity
- A charitable remainder trust
- A charitable lead trust
- An endowment fund
- Retirement plan assets
- Life insurance policies
- A remainder interest in your home

WHAT TO GIVE

Following are some of the assets most commonly used to fund a gift and that can be given at any time:

- | | |
|------------------------|----------------------------|
| Cash | Securities |
| Real estate | Closely held stock |
| Life Insurance | Tangible personal property |
| Retirement plan asset* | Savings bonds* |

*to be given after your lifetime

A misconception is that planned giving is only for the “wealthy.” The truth is, even people of modest means can make a difference through planned giving. For more information or to learn how you can support our mission with a planned gift, call **Christie Benton** at **316-927-4705** or email at **cbenton@riordanclinic.org**