



Riordan
Clinic

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Riordan Clinic is a not-for-profit 501(c)(3), nutrition-based health facility in Wichita, Kansas cofounded in 1975 by Olive W. Garvey and Hugh D. Riordan. We have integrated lifestyle and nutrition to help you find the underlying causes of your illness. Since our inception in 1975, the mission has been clear and unwavering to "...stimulate an epidemic of health."

The Mouth-Body Connection

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AUTHOR

Thomas E. Levy, MD, JD

While nobody would deny that the mouth is a part of the body, it is nevertheless most notable how few physicians and dentists routinely consider their connections to each other's domain in the practice of their professions. Not only are they connected, they are connected at the hip. A mouth-disease connection of significance is a common situation, not a rare one. Rather than virtually never being considered as affecting one another, the interplay between the mouth and the rest of the body should mandate that the evaluation of such a connection be at the top of the list of considerations when either the physician or the dentist sees a patient for the first time.

Specifically, chronic dental infections cause more substantial disease and early death than any other singular condition. By definition, dental infections occur in confined, oxygen-starved microenvironments, a situation that makes many otherwise harmless bacteria and assorted pathogens become exceptionally toxic. The work of Dr. Hal Huggins and Dr. Boyd Haley nearly 20 years ago confirmed the exceptional work that Dr. Weston Price performed almost a century ago. Their results established that deep-seated dental infections produce enormously potent toxins, some of which are many-fold more toxic than even botulinum toxin when tested on their ability to inhibit critical human enzymes involved in energy production. Mind you, botulinum toxin is still considered by mainstream medicine to be the most toxic substance ever identified. And as impressive as the work of Huggins, Haley, and Price is, it has yet to be completely accepted and properly assimilated into the practices of medicine and dentistry to the great degree that is warranted.



The dental and medical literature has already established that periodontal (gum) disease, which basically translates to a chronic anaerobic (oxygen-starved) infection in the gums, is strongly correlated to heart disease and myocardial infarction. And even though it seems to be pretty straightforward that such chronic infection should now be considered a cause of heart attacks, that conclusion somehow remains to be reached. The importance of

Continued on page 2

maintaining healthy gums is rarely addressed by any physician treating his heart patient; the dentist rarely tells his gum disease patients to see their heart doctors.

THE KING OF CHRONIC DENTAL INFECTIONS, HOWEVER, IS THE ROOT CANAL-TREATED TOOTH. SUCH A TOOTH IS ALWAYS INFECTED, AND IT IS ALWAYS PRODUCING HIGHLY POTENT TOXINS DUE TO THE EFFECTS OF THE ANAEROBIC ENVIRONMENT ON THE TRAPPED PATHOGENS INSIDE THE TOOTH.

Infection is assured inside each and every root canal-treated tooth because the degree to which the procedure is deemed a success depends on how completely the vital pulp inside the tooth is removed. When one realizes that the immune system must have a network of blood vessels, nerves, and connective tissue to reach infecting pathogens, it becomes readily apparent that a “successful” root canal treatment evacuating the pulp assures that such access can never again occur after the procedure. The bacteria inside the tooth and its very tiny dentinal tubules remain “safe” from the immune system, free to multiply and produce their toxins.

Not only does the root canal-treated tooth continually harbor pathogens and produce toxins, it also affords a nearly-perfect mechanism for the unabated deliverance of these agents throughout the body, 24/7. Even though the pulp and blood supply have been removed from the inside of the tooth, the interface of the root tips into the jawbone remains intact. As such, whenever any tooth clenching or chewing takes place, the very high pressures generated by this tooth-to-tooth contact assures the release of these pathogens and toxins directly into the venous system and the draining lymphatics of the jawbone. Literally, the natural design of the root canal-treated tooth is very analogous to a container of toxins and infectious agents being injected into the jawbone, as with a syringe, every time chewing takes place. Furthermore, these small molecule toxins can also easily diffuse through the root surface without the need to chew.

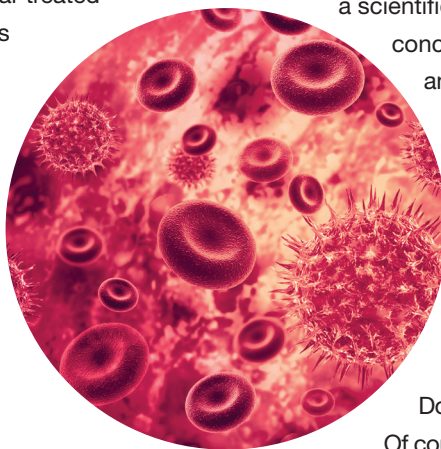
It was the work of Drs. Huggins and Haley that proved definitively that 100% of root canal-treated teeth are infected and toxic. That is to say, greater than 5,000 consecutively extracted root canal-treated teeth from individuals across the country were all found to have the highly potent toxins mentioned above. A few normal, non-root-canal-treated teeth extracted for orthodontic purposes did not have these

toxins. The toxin presence was only found in root canal-treated teeth. Only recently has the medical and dental literature produced the “smoking gun” evidence to clearly demonstrate a cause-and-effect relationship between root canals and infected gums with a disease, specifically heart disease. At first, it was just demonstrated that there was a statistical correlation between individuals with one or more root canal-treated teeth and heart disease. More root canals, more heart disease. However, in 2013 a group of exceptionally insightful researchers in Finland decided to analyze the blood clots that were aspirated out of the acutely blocked coronary arteries in individuals presenting the myocardial infarctions (heart attacks).

Using quantitative polymerase chain reaction (PCR) testing, they were able to detect the DNA found in the typical root canal and periodontal disease pathogens in a very high concentration inside these blood clots. When compared to control arterial blood specimens in those same patients, a 16-fold higher concentration of this DNA was found in the blood clots causing the heart attacks. To a scientific and logical mind, there is no other reasonable

conclusion than that the release of the pathogens and toxins from the root canal-treated teeth and/or infected gums directly caused the blood clots to form. Similar DNA profiles of oral pathogens had already been found to be commonly present in the atherosclerotic lesions, or narrowings, in the coronary arteries that are the sites of the acute blood clots causing sudden occlusions resulting in heart attacks.

Do all root canal-treated teeth lead to heart attacks? Of course not. Biological diversity, variations in body toxin load, immune system capacity and strength, and antioxidant/nutrient status all play important roles in determining whether an individual is overwhelmed by a pathogen and its related toxins.



BUT DO MOST HEART ATTACK PATIENTS HAVE ROOT CANALS AND/OR CHRONIC GUM DISEASE? ABSOLUTELY, OVERWHELMINGLY SO.

The same researchers examining the heart attack blood clots also found elevated levels of the same root canal/periodontal pathogen DNA in the ruptured intracranial aneurysms of patients with subarachnoid hemorrhages, strongly indicating such dental infections as being at least one primary cause of such major events. They further extended their analyses to looking at the small amounts of pericardial fluid normally surrounding the hearts from a series of autopsies, finding the same oral infection-related DNA in patients who had coronary artery disease when they died. Furthermore, they find that the more advanced the coronary heart disease, the higher the concentrations of the pathogen DNA. Heart disease remains the number one cause of death in the United States and in most other developed countries around the world. Even

today, when a patient presents to a cardiologist, internist, or family practitioner with a heart attack only rarely does the physician even question whether root canals, gum disease, or both are present.

In fact, heart disease is now recognized by mainstream cardiology to always begin with an inflammation of the inner lining of the coronary arteries. For some reason, however, there has been little questioning or research into why this inflammation ever develops in the first place. The answer is simple: it comes from pathogens seeded from remote sites, typically from the mouth. Bacteria have long been identified in the coronary arteries

of patients with atherosclerosis, but no researcher has peeled off another layer of the proverbial onion to seriously ask where these bacteria have been coming from all along.

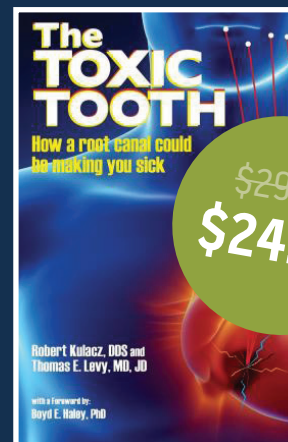
The studies cited above not only show the direct cause-and-effect relationship between these dental infections and heart attack, they also showed that such dental infections are the cause of heart attacks greater than 90% of the time. Sometimes chronically infected tonsils or constipated, infected GI tracts can be the culprit. But much too often, after the usual suspects (risk factors) have been evaluated and found not to be present (or not very prominent) in a given cardiac patient, the physician just concludes the patient had

“bad luck.” And while that physician might never utter such words, that is exactly what is going on inside his/her head. The standard cardiac risk factors are certainly important, but they are of primary concern in growing the blockages, not in being the reason that they are initiated in the first place. The arterial wall pathogens precede everything else in the evolution of atherosclerosis.

Just as the physician needs to always evaluate the mouth before considering the workup and treatment plan to be complete, the dentist needs to play a prominent role in preventive medicine as well. The research cited is solid science. All medical procedures, which include highly invasive procedures such as root canals, must include a complete informed consent to the patient. A patient being “offered” a root canal procedure needs to know all the options, and that patient needs to know that having a root canal has been shown to be associated with an increased incidence of heart disease. No physician or dentist can ethically do any type of surgery on a patient and not inform that patient of all potential complications, along with their likelihood of occurring.

While the link between dental infections and heart disease has long been known, it is only relatively recently that the cause-and-effect nature of the link has been identified. As such, all physicians taking care of coronary heart disease patients should become very familiar with this information. Leaving root canals and chronic gum disease unaddressed while letting a 55-year-old breadwinner for a large family drop dead or become incapacitated by a large heart attack is simply no longer acceptable. **The mouth and the body are strongly connected, and one should never be evaluated or treated in any fashion without an appropriate evaluation of the other.**

The Toxic Tooth



If you think root canals aren't anything to worry about (well, except for the possible discomfort and expense), a new book by Robert Kulacz, DDS and Thomas E. Levy, MD, JD is a must-read. *The Toxic Tooth: How a root canal could be making you sick* delivers exactly what the title promises: a surprising, powerful exposé of one of dentistry's most common procedures. Using scientific evidence that will be easily understood by both laymen and professionals, Kulacz and Levy explain why the root canal procedure is fundamentally flawed and how root canal-treated teeth introduce a steady stream of disease-promoting toxins into your body.

The authors also shine a revealing spotlight on **why, despite the link between root-canal treated teeth and degenerative medical conditions like heart disease, lung disease, diabetes, osteoporosis, and even cancer, mainstream dentistry and medicine have yet to acknowledge the connection.** And don't worry; *The Toxic Tooth* also explains how you can “save your smile” without opening wide for a root canal.



INTERESTED IN LEARNING MORE ABOUT YOUR TEETH AND HOW THEY RELATE TO YOUR HEALTH?

Join Dr. Stephen Fetzik on Wednesday, July 26th at noon for “Toxic Teeth: Are Amalgam Fillings Bad For Us?”

Contact the Editor

Please send any comments or suggestions to

newseditor@riordanclinic.org.

Thank you for reading,



Dr. Anne Zauderer
Editor

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RESEARCH SPOTLIGHT:

The Influence of Sulforaphane on Cancer Suppression and Blood Sugar Control



AUTHOR

Anne Zauderer, DC

Sulforaphane is a phytonutrient that is found in cruciferous vegetables. New research has shown the important role that this nutrient plays in cancer prevention and regulation of blood sugar.

Cancer Prevention

Research has shown that cruciferous vegetables high in sulforaphane can help modulate enzymes in phase I and phase II biological pathways, which can help reduce the effects of environmental



carcinogens. Once inside the cell, sulforaphane can turn on the cell's natural defense mechanism by signaling individual cellular enzymes as well as increasing the production of antioxidants. This helps restore the gene's activity toward normal cell progression.

According to a recent study published in the Journal of Nutritional Biochemistry, sulforaphane has an influence on a non-coding RNA that is upregulated in prostate cancer. Non-coding RNAs play an essential role in controlling which genes are expressed as well as in cellular development. Researchers believe when non-coding RNAs get dysregulated they can contribute to chronic disease and cancer.

As prostate cancer is the second leading cause of cancer-related deaths in men in the U.S., the effects of sulforaphane on normalizing the long, non-coding RNA levels could be a very important resource in cancer prevention, as well as slowing the progression of cancer.



Blood Sugar Control

According to another study published in Science Translational Medicine, sulforaphane reduced fasting blood sugar as well as HbA1c in obese patients with dysregulated type 2 diabetes.

Sulforaphane suppressed glucose production in the liver by decreasing expression of key enzymes and activating Nrf2 pathways. In addition, sulforaphane also reversed the effects of diabetes in the liver by a magnitude of that similar to metformin. This is significant as Type 2 diabetes affects more than 300 million people worldwide, and up to 15% of those patients cannot take metformin because of the risks of kidney damage. Another advantage of sulforaphane is the antioxidant properties it has, which can protect against diabetic neuropathy, renal failure, and atherosclerosis in diabetic patients.

New research is showing that food is indeed the best medicine.

Incorporating sulforaphane-containing foods in the diet can help prevent the progression of a multitude of chronic diseases. Foods that contain the highest amount of this phytonutrient are:

- Broccoli sprouts
- Brussels sprouts
- Broccoli
- Cabbage
- Cauliflower
- Bok choy
- Kale
- Collards
- Mustard greens
- Turnips
- Radishes

REFERENCES

1. Beaver LM Kuintzle R Buchanan A Wiley MW Glasser ST. Long noncoding RNAs and sulforaphane: a target for chemoprevention and suppression of prostate cancer. J Nutr Biochem. 2017 Apr;42:72-83
2. <http://blog.designsforhealth.com/si-42214/new-study-demonstrates-sulforaphane-influence-on-genetics-and-prostate-cancer>
3. Axelsson AS, Tubbs E, Mecham B, Chacko S, Nenonen HA. Sulforaphane reduces hepatic glucose production and improves glucose control in patients with type 2 diabetes. Sci Transl Med. 2017 Jun 14;9(394)

Did You Know?



Each serving of MediClear SGS powder contains 30mg of sulforaphane glucosinolate, **which is the equivalent of eating 1.2 lbs of broccoli!**



It is available at the Riordan Clinic Nutrient Store: store.riordanclinic.org



Superfood Salad with Maple Vinaigrette

Oriana Romero

<http://mommyshomecooking.com>

Prep Time
10 Minutes

Total Time
10 Minutes

Servings
4

Ingredients

Salad:

- 4 cups kale, loosely chopped or torn
- Maple vinaigrette to your taste
- 1 bunch broccolini, chopped
- 1/2 cup dried cherries
- Roasted nuts to your taste (I used walnuts)

Maple vinaigrette

- 1/4 cup extra-virgin olive oil
- 1/4 cup pure maple syrup (preferably Grade B)
- 2 tablespoons apple cider vinegar
- 1 teaspoon finely grated lemon zest
- 2 tablespoons freshly squeezed lemon juice
- 1/2 teaspoon kosher salt, or to taste
- 1/4 teaspoon black pepper, or to taste

Summertime is a great time to enjoy a hearty salad with lots of greens. This salad is easy to make, delicious, and contains a high amount of cancer-preventing sulforaphane. Enjoy!

Instructions

1. Combine the kale, broccolini, dried cherries, and nuts in a large bowl.
2. For the dressing, whisk together olive oil, maple syrup, cider vinegar, lemon zest, and lemon juice. Season dressing with salt and pepper; whisk until the dressing is well blended.
3. Add vinaigrette to the salad, and toss well. Note: I like tossing with the vinaigrette about 15 minutes before I serve it because the kale will soften in the vinaigrette.
4. Serve.

Picture and recipe adapted from <http://mommyshomecooking.com>

Not All Salt Is Created Equal



AUTHOR

Annette Chlumsky, RN



Co-learners at Riordan Clinic have heard our practitioners recommend many times to eliminate white, processed foods from their diets such as white baked goods, white rice, and white pasta. Add refined white salt to that list. Modern table salt has very little in common with natural, unrefined salt. One is health damaging, and the other is healing.

Processed table salt is 97.5% sodium chloride with the remaining 2.5% being man-made chemicals added as anti-clumping or flowing agents, often containing aluminum derivatives. It also undergoes a refining process where it is heated to 1200 degrees Fahrenheit, which alters its natural chemical structure and the trace minerals are destroyed.

This is the salt used in studies regarding high sodium consumption. Eating too much processed salt will cause fluid to accumulate in your tissues, which may contribute to cellulite, arthritis, gout, kidney and gall bladder stones, and hypertension. However, moderate use of the right salt can actually be very beneficial for your health.



Pink Himalayan Salt (also referred to as Himalayan sea salt, rock salt, or crystal salt) is said to be the most beneficial and the cleanest salt available. Pink Himalayan salt is 84% sodium chloride with the remaining 16% being made up of naturally-occurring trace minerals including silicon, phosphorous, vanadium, calcium, magnesium, potassium, copper, iron and iodine. Unrefined salt with these trace minerals is needed for healthy bones, fluid balance, pH balance, reducing muscle cramps, promoting blood sugar health, supporting adrenal and thyroid gland function, normalizing blood pressure, and eliminating toxins. Its color variations (pink, white, or red) are indicative of its mineral content. The salt comes from mines 5000 feet deep below the Himalayan Mountain Range in Pakistan. It is pure, having spent thousands of years maturing under extreme tectonic pressure, far away from impurities, so it isn't polluted with heavy metals and industrial toxins. It is hand-mined, hand-washed, and minimally processed.



By now most people are familiar with **Sea Salt**, which obviously comes from the ocean and undergoes an evaporation process to separate the salt from the water. It is less refined than table salt and comes in fine and coarse varieties. Unfortunately, whereas ancient seas were clean, they are now polluted with micro-plastics and chemicals. Therefore make sure your sea salt comes from an uncontaminated source. Redmond sea salt is harvested without refinement in Redmond, Utah and contains trace minerals but no added chemicals. Dead Sea salt is higher in bromide and not recommended for oral intake but has beneficial topical uses.

Upcoming Events

For more information or to register for any of these events, please call 316-682-3100 or email: reservations@riordanclinic.org.

Food as Medicine

Wednesday, July 5th
11:30am – 1:30pm
Cost: FREE

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. **PLEASE NOTE:** This course is available in-person at the Wichita campus, and online. For more information please visit: riordanclinic.org/food-as-medicine



Cooking Class: "The Allergy Chef"

Monday, July 10th | 11:00am – 1:00pm
Cost: \$25

Come join us for a hands-on cooking demonstration with Kathlena, "The Allergy Chef." Kathlena has over 200 food allergies and intolerances that are so severe she can't cook or leave the house without a respirator mask. She and her family are going on a Food Allergy Awareness Expedition across the country this summer to help educate people on how to eat and live safely with allergies. Lunch is provided with this class.



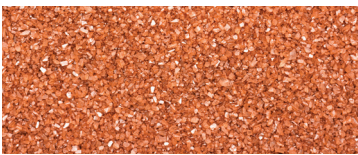
Grey Salt is often called **Celtic Sea Salt**. It is colored by the natural clay from where it is harvested in France. It is rich in minerals and has many of the same properties as pink salt. It contains a bit of water, making it a moister consistency. It can be more expensive due to the labor costs of hand-raking to harvest the salt.



Black Lava Salt is unrefined from volcanic sources in Hawaii. Its black color is due to its content of activated charcoal which is great for digestion and removing toxins. Black salt from India, kala namak, turns pink once it is ground. It is high in sulfur and thought to be beneficial for digestion.



Persian Blue Salt is a unique salt harvested from an ancient salt lake in Iran. It is very mineral rich and slightly sweet. It is one of the rarest salts in the world and very pricey. Its blue color comes from the natural compression of the salt's molecular structure to the point that it refracts light differently.



Red Hawaiian Salt gets its color from the volcanic Hawaiian clay called alaea. It is very high in essential trace minerals and iron.



Smoked Salts are popular now but have no significant additional nutritional benefits over normal sea salt. They only lend flavor to a recipe.



Kosher Salt has large crystals. Chemically, it has the same amount of sodium chloride as table salt and sea salt, but it is slightly less processed.

External uses of salt include relaxing and therapeutic baths, poultices for skin issues like eczema or psoriasis, an exfoliate for the skin, salt water irrigation for allergies or stuffy, dry nasal passages, a deodorant, and salt lamps, which purify the air.

If you are concerned about sodium intake, start by cutting back on packaged and processed foods, which are the biggest source of sodium in the diet. It is hidden in just about everything that comes in a box, bag, or can. The more you can move toward a diet of organic foods in their natural state, the healthier you will be. Salt is absolutely essential for health, so choose wisely!

References: www.mercola.com, www.ecowatch.com

Redmond Real Salt

Fine Salt 9 Oz.



Real Salt means – well, real, authentic salt. A quick glance at the ingredients label on most salts might surprise you! Many salts

contain anti-caking agents and even dextrose (sugar). Others have been heat processed and stripped of their natural trace minerals. Real Salt brand, on the other hand, is unrefined and full of natural minerals and flavor – the way salt was meant to be savored. Real Salt's unique coloring comes from more than 60 trace minerals, which also lend an amazing flavor that has helped Real Salt become the best-selling brand of sea salt in health food stores. Real Salt is best tasting, healthiest sea salt you can find.

~~\$4.97~~ **\$3.97**

For more information or to register for any of these events, please call 316-682-3100 or email: reservations@riordanclinic.org.

Upcoming Events

Toxic Teeth: Are Our Amalgam Fillings Bad for Us?

Wednesday, July 26th | Noon – 1:00pm

Dr. Stephen Fetzik

Cost: FREE*

Dr. Stephen Fetzik is a very well-respected dentist in the Wichita community who has built a practice around Integrative Dentistry. He is well-versed in the functional aspects of health and incorporates this knowledge into his dentistry practice. He will be discussing what mercury (amalgam) fillings might mean for your health and what you can do to safely remove them.

*Complimentary light refreshments will be served

Cooking Class: Healthy Recipes, Made Easy

Friday, August 14th | 1:30pm – 4:00pm

Angie Varvel

Cost: \$20

Join us for a cooking demonstration (and lots of samples!) of more than 10 simple, whole food recipes. The instructor, Angela Varvel, attended the Graff Academy of Health Science in 2016 has her certificate from Shaw Academy in Personal Nutrition. She will demonstrate how easy it is to prepare simple, healthy recipes such as almond milk, smoothies, a tofu scramble, chocolate chip cookie dough, chia pudding, and much more!

12 Months to a Healthier You!

Month 7: Fuel Yourself with Healthy Fats



AUTHOR

Anne Zauderer, DC

Fat has gotten a bad reputation over the years. We were told in the 1980s to avoid fats in an effort to protect ourselves from cardiovascular disease. What resulted was an American population that got hooked on processed carbohydrates and sugar and a subsequent, dramatic increase in obesity. According to the CDC, cardiovascular disease remains the #1 cause of death in the United States! New research (and a re-examination of old research) has shown us that fats are not the foe we once thought them to be. In fact, a study of 48,000 women over the course of 7 years revealed that low-fat diets did not lead to increased weight loss or decreased disease¹.

The key with dietary fat intake is getting the **right types of fat**. Consuming foods that contain fats that are high in Omega 6 fatty acids will increase inflammation, while those that are high in Omega 3 fatty acids will reduce inflammation. Ideally, we need a balance of both. Eating whole foods will naturally provide a good balance. However, consuming processed foods gives us a higher amount of Omega 6's in relation to Omega 3's.

Foods High in Omega 3's (eat more of these!)



- Wild caught fish (especially salmon)
- Grass-fed animal products (meat, butter, eggs, dairy)
- Certain nuts and seeds

Foods High in Omega 6's (eat fewer of these!)



- Processed oils like corn, safflower, cottonseed, & soybean
- Grain-fed animal products
- Processed, pre-packaged foods

If you focus on getting 80% of your diet from real, whole foods, you will naturally consume the right types of fats. Summer is a great time to explore all of the wonderful fruits and vegetables that are in season. Make friends with a local farmer who raises grass-fed animals and source your meat and dairy from them. For information about a farmer near you, visit: eatwild.com. You will be surprised how much better you feel consuming low-inflammatory oils that are present in real food.

¹. Howard BV, Manson JE, Stefanick ML, Beresford SA, Frank G. Low-fat dietary pattern and weight change over 7 years: the Women's Health Initiative Dietary Modification Trial. JAMA. 2006 Jan 4;295(1):39-49.

I want to hear from you on how your results are going with the monthly challenge!

Email me at newseditor@riordanclinic.org to let me know about your progress, and to get your name entered in our monthly random giveaways for those participating in the challenge.



Sufficient C

The key component of Sufficient C is a GMO-free, high quality ascorbic acid. The body fundamentally needs adequate Vitamin C levels for the immune system to function properly, and those Vitamin C levels can only be maintained if we continually supply our bodies with a readily absorbable form of ascorbic acid. This formula tastes great! Both kids and adults love the flavor.

GREAT TASTING!

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\$34.95