



Health Hunters

August 2018

Vol. 32 No. 8



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Why Your Stomach Acid Is Important



AUTHOR

Mike Bauerschmidt, MD, CCT

Previously printed in Health Hunters March 2014.

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 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 are the causes 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 careless 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

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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."

stomach cancer. It was called Tagamet! Well, once that horse left the stable there was no reining it 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 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 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 such as 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, the chyme that does slowly leak through the valve avoids

the pancreatic enzymes and bile, which 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 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.

What of the 10% of people who truly have increased acid production? Do 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 side effect: long-term acid suppression can lead to increased gastrin levels. Gastrin is the hormone the body makes to



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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, has 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 preference).

So, you may be thinking, "Okay, 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 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.



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 as 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.

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 us. This is likely due to food sensitivity or intolerance. These foods are best identified by a food elimination diet or food sensitivity testing.

Meal Timing and Quantity

People who eat two hours before going to bed have been shown to have more reflux when lying down than people who 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 as the makeup of the calories. The fat content of the

Interested in discussing your individual gastrointestinal needs? Call 316-682-3100 to schedule an appointment.

Digestive Aid Drink

INGREDIENTS

- 8 – 10oz of hot water
- 1 tbsp apple cider vinegar
- 1 tbsp lemon juice
- ½ tsp ground, fresh ginger
- 1 dash cayenne pepper (optional)
- 1 teaspoon raw, local honey or stevia to sweeten (optional)

DIRECTIONS:

1. Mix all ingredients together. Let steep for 10-20 minutes for a "spicier" flavor.
2. Best served warm.
3. Drink 10 minutes prior to eating to help improve digestion.

Deodorant Pros and Pit Falls



AUTHOR

Conner Keyeski, RN, BSN

Transitioning to a deodorant that is free of aluminum, parabens and other chemicals can be a daunting, drawn-out and expensive process. Both my wife and I have made the transition to cleaner deodorants, and have had varied experiences.

The first deodorant I tried was Every Man Jack. I chose this brand based on ingredients, reviews and the variety of scents they offer. Unfortunately, my sensitive skin did not agree with my decision and I developed a rash (I even tried a different scent but the rash came back). The next brand I chose was Herban Cowboy. Luckily, this is the brand I have been using now for over two years! I have tried both their Dusk and Forest scents. The scent is not too overpowering, and yet I feel like I don't need to reapply unless I am sweating a lot from exercising or working outdoors. I have also noticed that it does not leave a lot of residue or sticky feeling. Herban Cowboy is easily found online and in natural stores.

My wife, on the other hand, has had a more difficult time finding a deodorant that works for her. Here is what she has tried:



SCHMIDT'S schmidtsnaturals.com

Pros: blocks odor, multiple scents and fragrance-free option, made with essential oils, natural ingredients (including baking soda, arrowroot, coconut oil, jojoba and vitamin E). Long-lasting, only have to apply once daily, fairly easy to find in mainstream and natural stores. My wife still uses this brand and her favorites scents are: charcoal & magnesium, and lavender & sage.

Pitfalls: thick and can be hard to apply. You have to let it sit on the skin for a few seconds before dressing as the essential oils in some of them can cause stains on shirts if they come in contact with the material prior to drying on the skin.



CRYSTAL thecrystal.com

Pros: mineral antibacterial, one stick can last up to a year, dries fairly quickly and doesn't leave residue on clothing, great for detoxing, fragrance free and hypoallergenic, vegan and cruelty free.

Pitfalls: learning curve when first starting to use it. My wife had to apply this at night and still had to use a natural deodorant during the day (during detox period).



TOM'S OF MAINE tomsofmaine.com

Pros: Easy to find in stores, cheaper than other natural deodorants, multiple scents to choose from.

Pitfalls: after trying different scents and specific kinds of Tom's, she never found one that worked for her personally. She had a skin reaction and did not feel that it blocked any of her odors.



KISS MY FACE kissmyface.com

Pros: Natural Man neutralized her scents better than the women's ones, reasonably priced in comparison to other natural deodorants, vegan and cruelty free, roll-on and spray options.

Pitfalls: she was able to use for a few months, and then noticed that it no longer worked, and was having to reapply multiple times a day.

Brands and products we would like to try in the future are: Native, bentonite clay, and magnesium oil.

When switching from traditional deodorants or antiperspirants to natural ones, it is a good idea to detox from the chemicals. What we found that worked well was cleaning with apple cider vinegar before showering and then applying coconut oil after showering.

If you are interested in learning more about how you can take charge of your health, please visit the Riordan Clinic YouTube page: www.youtube.com/user/healthhunter1



HERBAN COWBOY herbancowboy.com

Pros: Easy to apply, non-greasy and dries quickly, doesn't leave residue on clothing, vegan and cruelty free

Pitfalls: on an active or hot day my wife may have to re-apply and there are limited scent options.

Primal Pit Paste: A Review



AUTHOR

Krystal Dinkel, R.N.



I have been using Primal Pit Paste for well over a year now. I began using it after a co-learner recommended it to me. This is a frequent topic of conversation during our Thermography appointments, as eliminating aluminum from your deodorant is one of the first recommendations we make to a co-learner with an abnormal scan, or for anyone who wants to reduce their risk of breast cancer.

Primal Pit Paste is available in a stick or in a container for applying by hand. It is available in a wide variety of scents, or unscented. As a runner, it had been an ongoing battle to find a more natural deodorant that actually works! In my experience, Primal Pit Paste does not go on thick or heavy and does not leave you with a moist (the dreaded M word) feeling under your arms that makes you

feel like you want to air them out all day long. It never causes any rashes or irritation for me, and I finally have the odor control from a more natural deodorant that I had always hoped for! I would highly recommend this product for anyone, but especially for those of you who are active or feel that you are not getting the odor control that you would like from your current natural product.

primalpitpaste.com

DIY Deodorant

INGREDIENTS

- 3 tbsp coconut oil
- 3 tbsp baking soda
- 2 tbsp shea butter
- 2 tbsp arrowroot (optional) or organic cornstarch
- 10-20 drops of essential oils of your choice (lavender, tea tree, sage, patchouli are some good options)

Melt shea butter and coconut oil in a double boiler over medium heat until barely melted. Another option is to combine the shea butter and coconut oil in a quart-size glass mason jar with a lid, and place this in a small saucepan of water until melted. (You can designate this jar for these types of projects and not need to wash it out). Remove from heat and add baking soda and arrowroot (if you don't have arrowroot, use more baking soda or omit).

Mix well. Add essential oils and pour into a glass container for storage. It does not need to be stored in the fridge. If you prefer, you can let it cool completely and put into an old deodorant stick for easier use. Because it has a base of coconut oil, keep in a cool environment or it may melt in the summer!

Back To School Essentials

Friday, August 10th | Noon - 1pm @ Wichita Campus

This is a "Make and Take" essential oils class. There will be 5 different recipes to choose from ranging from immune health, energy, and focus, to physical tension

RiordanClinic.org/events or call 316.682.3100

\$12*

* FREE if you just want to learn

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Please send any comments or suggestions to
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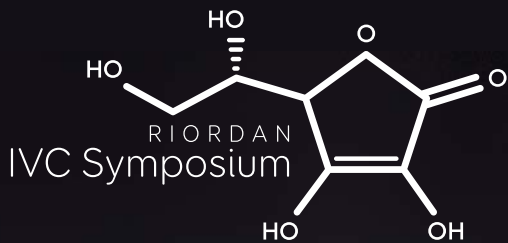
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RESEARCH SPOTLIGHT

Are You at Risk for Dementia Because of Your Antacid?

Every person who has watched television has seen an advertisement for the “new” drugs that are constantly being released. When the list of potential, harmful side effects is outlined in the commercial, it seems they are far worse than the condition the drug is meant to treat! Especially when one of the potential side effects is, wait for it ... increased risk of death! It has almost become comical. Almost.



AUTHOR

Anne Zauderer, DC

Unfortunately, some of the worst side effects of drugs are not known nor exposed until the drug has been in use for quite some time. Seemingly innocuous drugs (even ones that are over-the-counter) can have very harmful side effect profiles. Such is the case for antacids. Whether they are proton pump inhibitors (PPIs) or histamine-2 receptor antagonists (H2RAs), these antacid drugs are far from benign. We have known that PPIs are associated with increased risk for kidney disease¹ as well as heart attack² and cardiovascular disease. However, research has found yet another possible disturbing link with long-term antacid use: increased risk for dementia.

In a prospective cohort study, published in JAMA Neurology in 2016, over 73,000 participants, 75 years of age or older and free of dementia at baseline, were analyzed. Of the participants receiving regular PPI medication, there was a significant increased risk of the incidence of dementia, compared to those not receiving a PPI medication.

Upcoming Events

For more information or to register for any of these events, please visit RiordanClinic.org/events or call 316.682.3100

Back To School Essentials (A Hands-On Essential Oils Class!)

Friday, August 10th @ Wichita Campus

Noon -1:00pm @ Wichita Campus

Katie Madill

Cost: \$12 (FREE if you just want to learn)

To help make your transition back to school a happy and healthy one, we are offering a “Make and Take” essential oils class for you. There will be 5 different recipes to choose from ranging from immune health, energy, and focus, to physical tension. You can choose two to make and take home for yourself or give as a gift! Or come for free if you just want to learn. All supplies will be provided.

Lunchtime Lecture: Neck pain, TMJ dysfunction, Crooked Teeth, Breastfeeding Issues and Sleep Apnea: Could it be a Tongue Tie and Lip Tie?

Wednesday, August 15th

Noon -1:00pm @ Wichita Campus

Dr. Stephen Fetzik and Katrina Patrick

Cost: FREE

There is an increasing incidence of TMJ dysfunction, neck pain, sleep apnea, and the need for orthodontic work. Mothers are having difficulty with their babies’ breastfeeding, sensory issues, colic, reflux, and developmental disorders. What if all of these things could be connected back to a tongue tie and/or lip tie?

This was after adjusting for age, sex, polypharmacy and comorbidities as potential confounders³. In another study, published in 2015, data from over 3000 subjects age 75 or older was analyzed comparing those taking PPIs to those who didn't. According to the study, "Patients receiving PPI medication had a significantly increased risk of any dementia and Alzheimer's disease compared with nonusers⁴."

It must be noted that these studies show an association and not a definite cause. Other studies have looked at this same question and have not found a definite link^{5,6}. It does appear, however, that there is a trend toward greater risks the longer a person is on these medications. This makes sense because use of antacid medication is a classic case of treating the symptom rather than looking for the root cause. If the root cause of why the person is having indigestion or reflux is not addressed, the symptom will only get worse.

Keep in mind that in 2009, there were more than 110 million prescriptions for PPIs, making them the third-largest class of drugs in our the country, which represents more than \$13.6 billion in sales, according to IMS Health, a health-care market research firm. Though the drug companies will convince you that it is easier to take a drug, addressing the root cause(s) of your symptoms will not only help you feel better, but will help you avoid some of the potential hazards of taking these medications.

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772730/>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5245803/>
3. <https://www.ncbi.nlm.nih.gov/>
4. <https://www.ncbi.nlm.nih.gov/pubmed/25341874/>
5. <https://www.ncbi.nlm.nih.gov/pubmed/28590010>
6. <https://www.ncbi.nlm.nih.gov/pubmed/29134629>

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For more information or to register for any of these events, please visit RiordanClinic.org/events or call 316.682.3100

Upcoming Events

Making Connections:

A Brain Master Class Series

Fridays, August 17th, 24th, 31st @ Wichita Campus

Noon -1:00pm @ Wichita Campus

Sean Hubbard, DC and Anne Zauderer, DC

Cost: \$39

Cognitive decline and memory loss are big concerns for all of us. Come for a 3-week master class on the brain, where we will discuss specific strategies for you to implement to slow aging in your brain. This class is limited to 20 participants.

Lunchtime Lecture: Natural Treatments for the Patient Who Has Cancer

Wednesday, September 5th

Noon -1:00pm @ Wichita Campus

Lucas Tims, ND

Cost: FREE

Join Dr. Lucas Tims for a presentation on how cancer patients can benefit from incorporating natural treatments in safe and effective ways.

Lecture: Medical Weight Loss and Anti-Aging Medicine

Friday, September 21st

Noon -1:00pm @ Wichita Campus

Dr. Ron Hunninghake & Mike Shaw, PA

Cost: FREE

If your weight loss efforts have stalled, come to hear Mike Shaw, PA, the newest provider at the Riordan Clinic, discuss what a medical weight loss program looks like and how it is different from other weight loss programs.



#ichooserealhealth

RIORDANCLINIC.ORG/REAL-HEALTH

WRITTEN BY: KIRK ZAUDERER, MBA

What Real Health Means to Me

To me, Real Health is about actualizing my potential to form my identity by focusing on three key areas:

IMPACT = How will I leave the world in a better place?

INTIMACY = How will I connect in the community to serve those around me?

INTEGRITY = How will I align my actions with my fundamental belief system? Alignment to integrity is what leads to ultimate happiness.

Impact

I believe every human has been put on this planet for a greater purpose: to self-actualize by fostering and growing our God-given talents. The level of success that we can realize is based on the identity we create. This identity will help us form many unique missions and help mold our talents. Each mission is like climbing a hill or a mountain. We can decide to climb a small hill or we can go after Mt. Everest. Our commitment to go ALL IN and achieve our desired level of Impact creates the margins in our lives, making our decision-making processes simple. The only way to make it to the top of Mt. Everest is with a continuous-improvement mindset in regard to our spirit, mind, and body.

Real Health starts with becoming clear on our purpose by aligning every decision to our identity, which is impact-oriented.

Intimacy

I believe the reason we should desire to actualize our potential is so we can be in the service of others, helping those around us on their journey of self-improvement. A focus on giving to others brings a lot more gratification and happiness in life than a mindset of taking all that we can for ourselves. A person who is helping someone else could be thought of as a hero. A hero, from its Greek root, means, “protector” and “one that has the strength for two.” A hero has a growth mindset, which believes everything is an opportunity. He/she is on a mission to make this world a better place by serving.

Real Health is about creating lasting impact by connecting in meaningful ways in the service of others.

Integrity

I believe happiness comes from an alignment with integrity, which is formed by our pursuit of truth. No human is perfect and we all make mistakes, but it is our continual desire for truth that determines our decision-making process. If our identity is formed by every action we make, then saying one thing and doing another creates a chasm in our integrity. Real Health is not the easy road, but an activation point, which creates a life that can be defined. Once the pinnacle of our mountain is defined, then every decision we make is either stepping forward into growth or back into safety. If I truly desire to actualize my potential, every decision from what I eat, to the knowledge I obtain, to the thoughts I think are either moving me closer toward or farther away from this potential.

We may look at a simple decision, such as what we eat for breakfast, as inconsequential with no impact on others. However, all decisions have consequences that build to a greater outcome. For example, if I decided for years to eat a high sugar breakfast that affected my blood sugar negatively, that could lead to insulin resistance and even diabetes. This small decision not only impacted my ability to enter into a state of optimal daily performance, but it may impact the longevity of my life and ability to serve others years from now. The other spectrum is a life where good eating choices are made leading to optimal brain performance and more energy to do the creative work that I am put on this earth to accomplish.

Real Health is about experiencing contentment and happiness through the alignment of our integrity by pursuing truth.

IN CONCLUSION

I believe all decisions we make in regard to our spirit, mind, and body should be put through the lens of the **Impact** we can make, the **Intimacy** in how we serve others and our alignment to **Integrity**, which ultimately develops our legacy and a life of Real Health.