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Riordan Clinic is a world-renowned, academic medical center that has led the world in integrative oncology and complex chronic illness care since 1975. The Riordan Clinic was established as a 501 (c)(3) non-profit organization with missions in research, provider education, and patient education. The Health Hunter newsletter has been published since 1986 as an educational resource to providers and patients.

Metabolic Syndrome Increases Risk of Health Problems

AUTHOR

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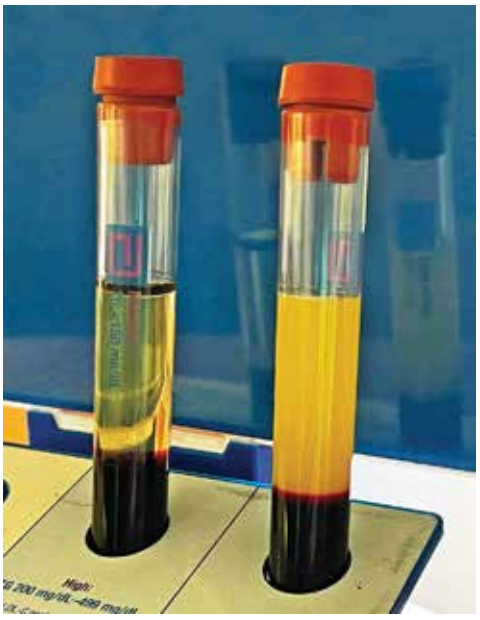
Metabolic Syndrome

For a diagnosis of metabolic syndrome, an individual typically has three of the following risk factors:

- Large waist: 35 inches or more for women and 40 inches or more for men
- High triglycerides: 150 mg/dL or higher
- Reduced HDL ("good") cholesterol: Less than 40 mg/dL in men or less than 50 mg/dL for women
- Increased blood pressure: 130/85 or higher
- Elevated fasting blood sugar: 100 mg/dL or higher

Source: Mayo Clinic



A healthy level of triglycerides is pictured in the sample on the left, while a very high triglyceride level – pictured in the sample on the right – can look more like butter at room temperature.

Metabolic syndrome is a group of conditions that can increase the risk of health problems such as heart disease, stroke, and type 2 diabetes. [1]

Risk factors include high blood glucose, low levels of HDL ("good") cholesterol, high levels of triglycerides, high blood pressure, and abdominal obesity. Each of these is independently a risk factor for heart disease. However, when a person has three or more, it is usually diagnosed as metabolic syndrome, which further increases the risk for additional health problems. [2]

A study by the University of North Carolina at Chapel Hill found only 1 in 8 Americans have optimal metabolic health, with more than 80% of Americans experiencing some symptoms of metabolic dysfunction. [3] Overall, the number of U.S. adults older than 18 with three or more of the risk factors is approximately 34%. [4]

Metabolic syndrome is closely linked to heart disease. High blood pressure against the vascular wall tends to reduce the elasticity of the arteries over time. [5] Calcium deposits will lead to plaque build-up, which is comprised of calcium, fat, iron, and dead red blood cells. Plaque build-up narrows the channel within the artery, which reduces blood flow and lessens the amount of oxygen and other nutrients reaching the body. [6]

Continued on page 2

Endothelial glycocalyx is a thin cell lining enveloping the arterial system. You can think of it as plastic wrap or Teflon for your cardiovascular system. Changes in the glycocalyx can promote an inflammatory response in blood vessels. [7] It can be like turning up the thermostat in the cardiovascular system, which creates an environment very supportive of plaque development on arterial walls. [8]

Of the metabolic syndrome risk factors, triglycerides can be both a symptom and a factor, and I focus on those levels as much or more than others. High triglycerides can signal that you are becoming insulin resistant or a signal for liver disease. [9]

Normal triglyceride levels are less than 150 mg/dL. We see patients with triglycerides in the 300-600 mg/dL range. At the 500+ mg/dL level, when we draw a blood sample and put it in a centrifuge, the triglycerides – lipids in the blood – can look like butter. The only reason that it remains in a liquid form in a person's body is because of body temperature.

In normal functioning, the body converts calories to glucose for energy. However, when an individual consumes too many calories, especially simple carbohydrates, the body can't convert all of the calories to glucose, and it stores them in fat cells. [10] Fat cells are essentially empty containers that store excess calories as fat. This is beneficial for a bear that eats all it can before hibernating because it will need the stored energy. However, when humans eat too much and do not move or use the stored calories as fuel, it can result in obesity and metabolic dysfunction.

In addition to the five metabolic syndrome markers listed on page 1, age and ethnicity are also factors in the risk of developing metabolic syndrome. As people age, the risk of metabolic syndrome increases. Ethnicity is also a risk factor for some. In the United States, Hispanics, especially women, seem to be at a greater risk for developing metabolic syndrome. [11] Additionally, black men were less likely than black women to have metabolic syndrome. [12]

Lifestyle Changes

Lifestyle changes can be some of the most effective ways of preventing or reversing metabolic syndrome. A healthy diet is key to reducing the impact of metabolic syndrome. A moderate weight loss of 5-10% of body weight can reduce insulin resistance and blood pressure and decrease the risk of diabetes. [11] I recommend whole grains, fresh produce, and healthy meats.

Triglycerides can almost always be reduced with lifestyle changes. EverydayHealth.com lists eight things you can do to help reduce your triglyceride levels: [13]

- **Avoid excess sugar**
- **Resist refined foods**
- **Add more fiber to your diet**
- **Choose healthy fats over saturated fats**
- **Know the dangers of trans fats**
- **Cut back on alcohol**
- **Exercise**
- **Control your weight**

Omega-3 may also help in reducing cholesterol and triglycerides. [14] Exercise is another important factor in the prevention or improvement of metabolic syndrome. You don't have to be Arnold Schwarzenegger or Jane Fonda. The American Heart Association recommends at least 150 minutes of moderate-intensity physical activity each week. [15] A 30-minute walk, five days each week will meet that goal.

Medication is often not necessary to decrease risk of metabolic syndrome and the associated conditions, including heart disease, type 2 diabetes, and stroke. However, a commitment to lifestyle changes is important in achieving those goals.

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Podcast Interview Offers Key Insights into Pervasive Metabolic Disease

AUTHOR
Dr. Ron Hunninghake, MD, CMO

Metabolic syndrome is a common – and growing – problem. Some studies show that 80% or more adults have at least one factor, and many don't even realize it, until they are "suddenly" diagnosed with another condition such as heart disease or cancer.

The recent podcast "Honestly with Bari White" featured an interview with Dr. Casey Means, MD, a Stanford-trained physician and the chief medical officer and co-founder of Levels, a metabolic health company. She is also associate editor of the International Journal of Disease Reversal and Prevention.

During the episode, which aired September 19 and was titled "Eating Ourselves to Death," Dr. Means discusses food, obesity, and its impact on our metabolic system, particularly as it relates to diabetes. According to her biography on LevelsHealth.com, her mission is to maximize human potential and reverse the epidemic of preventable chronic disease by empowering individuals with tech-enabled tools that can inform smart, personalized, and sustainable dietary and lifestyle choices.

In the podcast, Dr. Means and Bari White evaluate the goals and challenges of the past 15 years of the obesity epidemic and its evolution over time. According to the Centers for Disease Control and Prevention, nearly 74% of adults age 20 or older are overweight, with 42% of that total classified as obese. [1]

Meanwhile, social dialogue has shifted to "healthy at any size." Instead of trying to prevent poor health and diseases that are within our control, people are being told that there's nothing wrong with being fat, weight doesn't matter, and foods are not "good" or "bad." "Every year, patients in America are getting sicker, heavier, more depressed, and life expectancy is going down," Dr. Means said on the podcast.

The CDC reported in August 2022 that the average life expectancy at birth in the United States declined for a second straight year between 2020 and 2021 – 77.0 years to 76.1 years. That marks the biggest two-year decline in life expectancy since 1921-23. [2]

Dr. Means writes on LevelsHealth.com that blood glucose levels are the key to metabolic health, and that keeping glucose levels in a stable and healthy range is critically important for one's metabolism to work effectively. [3]

"Glucose is a simple sugar that is a breakdown product of the carbohydrates that we eat. When glucose enters the bloodstream, it signals to the pancreas to release insulin, a hormone that tells cells to absorb glucose. Excess glucose is stored in the muscle and liver as glycogen, and can also be converted to triglycerides and stored in fat cells." – Dr. Means, LevelsHealth.com [3]

Poor control of blood glucose is the central cause of a massive, silent epidemic of pre-diabetes and type 2 diabetes! Preventable type 2 diabetes and pre-diabetes are widely prevalent in the United States, with the CDC estimating that 37.3 million individuals have diabetes, or 11.3% of the U.S. population. Of those, an estimated 8.5 million people, or 23%, do not know they have it! Additionally, approximately 96 million people age 18 or older – 38% of the adult U.S. population – have pre-diabetes. [4]

A fasting blood sugar test of 100-125 mg/dL indicates pre-diabetes, and 126 mg/dL or higher indicates diabetes. [5] An A1c test can give individuals a longer-term look at their glucose level trends, as it measures levels over 2 to 3 months, which is a test offered by the Riordan Clinic. Issues with insulin can occur years before type 2 diabetes is reflected in blood testing. Elevated insulin levels over time can lead to insulin resistance, as the pancreas wears out and is no longer able to produce enough insulin to overcome the cells' resistance. [6]

Diabetes matters because cells aren't making energy properly, and it can show up as a variety of conditions such as infertility, erectile dysfunction, heart disease, migraines, low sperm count, high blood pressure, and much more. [7]

Changes in Food

Food is different today and doesn't contain the same nutrients it used to. Studies have found that nutritional values of popular vegetables have dropped significantly since 1950. [8] In the '50s, a typical dinner would consist of starch, protein, and a vegetable, most of which was made in the home with fresh ingredients. [9]

Today, ultra-processed food consumption is growing. A study published in the American Journal of Clinical Nutrition analyzed the food intake of 41,000 participants from 2001-2018. The survey found that consumption of ultra-processed foods grew from 53.5% of calories consumed in 2001 to 57% in 2018. [10]

It is also well known that portion sizes have doubled or tripled over the last 20 years, which has contributed to an increase in obesity rates in both children and adults. In one day, an individual could consume 1,500 more calories than if he or she ate the same foods at typical portions served 20 years ago. Over the course of a year, the larger portions could amount to more than 500,000 extra calories! [11]

Sugar intake alone has skyrocketed, with Americans eating 25 times more refined sugar than we were 100 years ago. [12] In fact, a report by the U.S. Department of Agriculture showed that the #1 purchase by households in the SNAP (food stamp) program was soft drinks. [13]

Inadequate chemical regulation is contributing to health risks, partly due to the limited funding and resources for the Food and Drug Administration, which has the authority to ensure the safety of chemicals in food. [14]

There is growing evidence that chemicals in our food are "obesogens" – additives and fillers such as microplastics and pesticides that can contribute to obesity. Approximately 50 obesogens or potential obesogens have been identified. [15]

Healthcare System

In her podcast, Dr. Means discusses some of the things she views as shortcomings in our current mainstream healthcare system, including care models being driven by profits. She said that success criteria in many hospitals includes: [7]

- **Targeting 15 minutes or less in exam rooms with patients**
- **The push for new medication prescriptions**
- **Charting that can be billed for**
- **Focus on ruling out with lab tests anything that could be life-threatening**
- **Emphasizing patient compliance with long-term medication usage**

She added that in conventional care there is no incentive to discover the real underlying causes of chronic symptoms or how to effectively treat the whole person. She said there has been a social shift in the way conventional providers talk to patients about diet and exercise.

Care is taken to avoid the implication of any personal responsibility and thus appearing "elitist," "racist," or "ableist" because not all patients have equal access to healthy foods or healthy behaviors. [7]

Key Take Home Solutions

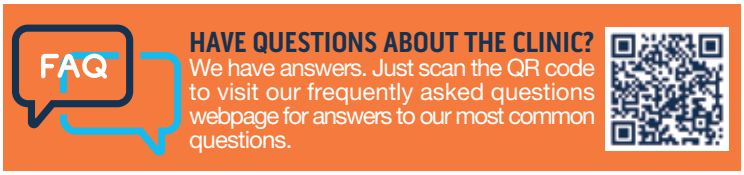
Dr. Means said it is important to address the widespread conflict of interest and get the money out of the hands of the individuals responsible for writing guidelines that are designed to protect us.

That could also include changes to campaign finance laws, changes to farm bill subsidies for sugar, corn, wheat, and soy, and pharmaceutical advertising. [7]

Individuals can be proactive about improving their metabolic health with these tips:

- **Eat real, unprocessed, clean food** [16]
- **Shop on the outer perimeter of the grocery store where processed food is less likely to be located** [17]
- **Get quality sleep** [18]
- **Manage stress** [19]
- **Move your body** [20]
- **Get sunlight** [21]
- **Avoid toxins in food and the environment** [22]

One of the innovative tools that Dr. Means discussed in the podcast was the personal use of a continuous glucose monitor (CGM), which gives users personal metabolic insights in real time.



Individuals often react in unique ways to different foods (i.e. an unexpected rise in blood sugar after eating a bowl of blueberries) or alternative eating habits, such as intermittent fasting. With a tool like this, your doctor can talk to you about your individual metabolic status, not simply metabolic status in the abstract. I am considering trying it for myself with the intent of offering a "metabolic wellness program" here at the Riordan Clinic if there is sufficient interest from our co-learners.

I encourage readers to learn more about their metabolic status and listen to the podcast, which is available at https://www.honestlypod.com/.

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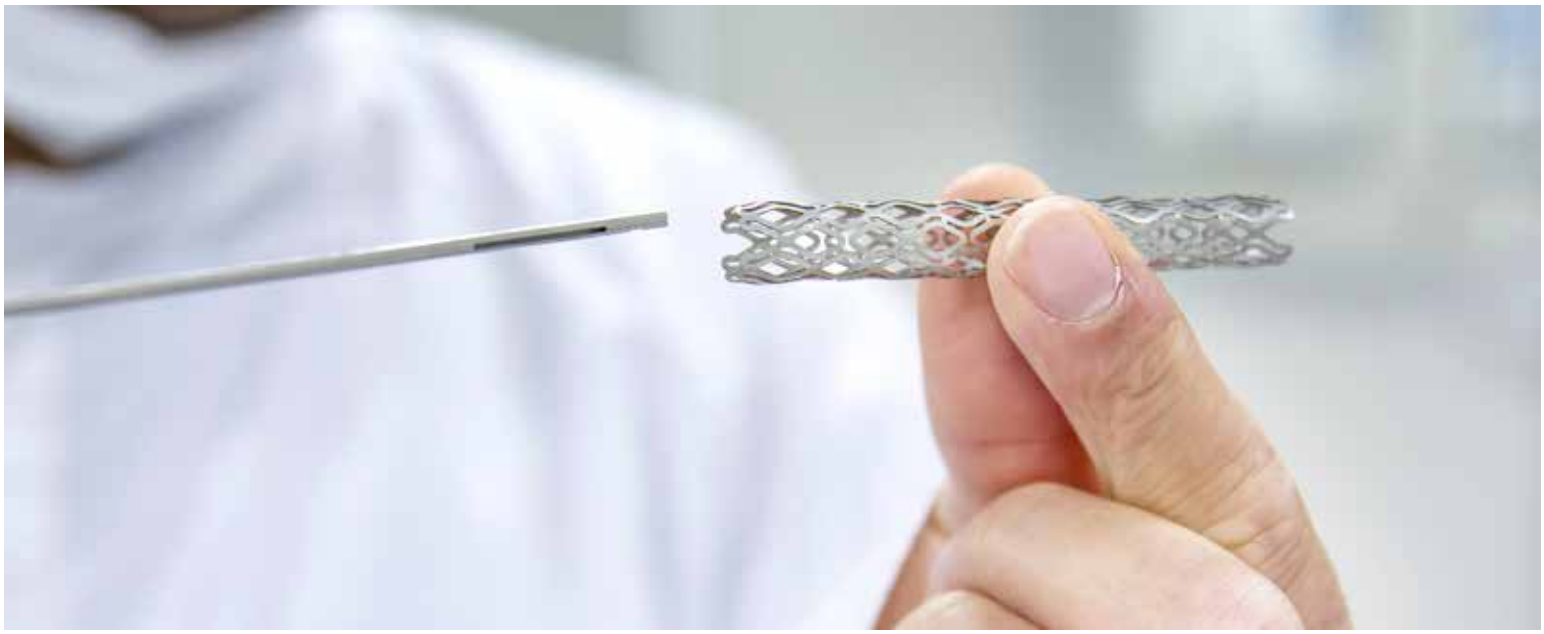
Cardiology Patient Avoids Bypass Surgery Twice

AUTHOR
Melody Spurney



Frank Miller, of El Dorado, Kansas, was told he had two days until he was scheduled for a triple bypass surgery. Twice.

Frank's cardiac journey began eight years ago with a vascular blockage in his leg. Although he didn't have any noticeable symptoms of heart trouble, his doctor told him he suspected that there was probably a blockage somewhere else.

As a result of follow-up testing, Frank ended up having heart catheterization procedures that ultimately showed he had two arteries 70% blocked. After his first catheter, a physician's assistant told him that he would be scheduled for a triple bypass surgery in two days. However, the surgeon decided he wasn't a good candidate for a bypass surgery. Frank sought a second opinion. The second cardiologist did another heart cath procedure, after which two stents were placed.

Frank faithfully kept his appointments with his cardiologist, but after six years, one of the stents was back to 70% blockage. He was told for a second time that he would be scheduled for a triple bypass surgery in two days.

"I balked," he said. Frank told his doctors that he wanted to pursue naturopathic treatments in addition to his traditional cardiac care.

Recognizing that bypass surgery can have a major impact on a patient's life, Frank wanted to avoid an open-heart surgery and looked for alternatives.

Frank turned to the Riordan Clinic for additional treatments to address his cardiac issues. He and his provider Michael (Mike) Shaw, PA-C, ABAAHP, decided to begin chelation therapies.

"My cardiologist scoffed at the idea, insisting that bypass surgery was the only lifesaving procedure that was recommended," he said.

While Frank continued with conventional cardiology care, he also continued with chelation therapy at Riordan Clinic.

At one of Frank's follow-up visits, his conventional cardiology physician's assistant told him that bypass surgery was no longer being considered for him because it wasn't necessary. His last EKG showed small but consistent improvements. Frank said he still does not experience any classic symptoms of heart trouble, such as angina and shortness of breath.

Several of Frank's doctors are interested in his progress and want to see if his naturopathic treatments, along with traditional cardiac care, work.

"One of my doctors said, 'Aren't you supposed to be dead by now?,'" Frank said.

Frank said he has enjoyed the past three years he has spent as a patient at the Riordan Clinic. He appreciates how friendly the staff is compared to conventional doctors' offices. He doesn't feel rushed and has time to complete his treatments in a relaxed and friendly environment. He also praised his provider, Mike Shaw, who he said, "knows his subject."

"I asked odd questions that I knew the answer to. It put me at ease when he not only knew the answer but was willing to explain it in detail," he said.

Frank has had such a good experience at Riordan Clinic that his wife also became a patient.

He said he realizes that there may come a time when he has no choice but to have open heart surgery, but he is encouraged by improvements in the surgery procedure. However, he said that pairing his traditional care and Riordan Clinic's approach to caring for patients should become a standard practice.

"I hope people stop calling Riordan an alternative care facility. I feel it is an addition to traditional medical treatment. It is an entire body method of treating patients. We can only hope that this will become accepted as a standard medical treatment," he said.

Roasted Parmesan Asparagus

INGREDIENTS

1 bunch asparagus, about 1 1/2 pounds
1 Tbsp olive oil
2 Tbsp grated Parmesan cheese
Salt and black pepper to taste
Juice of 1 lemon

COOKING INSTRUCTIONS

1. Preheat the oven to 400°F.
2. Hold an asparagus spear at both ends and bend the bottom until the tough, woody section snaps. (It will naturally snap off where the tough part of the vegetable ends and the tender part begins.)
3. Using that spear as a guide, use a knife to remove the bottoms of the rest of the bunch.
4. Place the asparagus in a baking dish.
5. Drizzle with the olive oil, sprinkle with the Parmesan, and season with salt and pepper. Toss to coat. Roast until just tender, 10 to 12 minutes.
6. Sprinkle the lemon juice over the asparagus.

Serves 4.

Happy Thanksgiving

ALL RIORDAN CLINIC LOCATIONS WILL BE CLOSED NOV. 24 AND 25 FOR THANKSGIVING.

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Please send any comments or suggestions to marketing@riordanclinic.org
Thank you for reading.

Melody Spurney
Editor

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The Latest Information and Top Experts in Functional and Integrative Medicine

LATEST EPISODES

EPISODE 46

PREVENTION AND CONTROL OF BREAST CANCER

Dr. Kirsten West, ND, LAc, FABNO

In recognition of Breast Cancer Awareness Month, two of Riordan Clinic's integrative oncologists – Dr. Ron Hunninghake, MD, and Dr. Kirsten West, ND, LAc, FABNO – discuss ways to prevent or control breast cancer. In this episode, they discuss various lifestyle and other patterns such as stress, toxins, and metabolic and hormonal imbalances and how they contribute to cancer.

EPISODE 45

NATUROPATHIC ONCOLOGY WITH DR. DAN RUBIN AND DR. LUCAS TIMS

Dr. Dan Rubin, ND, FABNO & Dr. Lucas Tims, ND, FABNO

In this episode of the Real Health Podcast, host Dr. Ron Hunninghake, MD, is joined by Dr. Dan Rubin, ND, FABNO, the Founding President of the Oncology Association of Naturopathic Physicians (OncANP) and Founder of Naturopathic Specialists, LLC, and Dr. Lucas Tims, ND, FABNO, of the Riordan Clinic. They discuss the role that naturopathic medicine can play in oncology, credentialing for naturopathic practitioners, and Dr. Rubin's connection to the Riordan Clinic.

EPISODE 44

EXPLORING RADICAL REMISSION WITH DR. KELLY TURNER

Dr. Kelly Turner, PhD

In this episode of the Real Health Podcast, Dr. Ron Hunninghake, MD, discusses radical remission with cancer researcher Dr. Kelly Turner, PhD. Her first book is also titled "Radical Remission" and features stories of individuals who have survived cancer without conventional therapies or when conventional therapies failed. They discuss lifestyle changes that were consistent and why addressing emotions and practicing spirituality play a key role in achieving remission.

EPISODE 43

HEALTH AND ENVIRONMENTAL RISKS OF GLYPHOSATE

Dr. Stephanie Seneff, PhD

In this episode of the Real Health Podcast, Dr. Ron Hunninghake, MD, welcomes Dr. Stephanie Seneff, PhD, of Massachusetts Institute of Technology (MIT), to discuss the health and environmental dangers of the common weed killer glyphosate. Dr. Seneff discusses her new book "The Toxic Legacy: How Glyphosate is Destroying Our Health and Environment." She also discusses some health conditions possibly linked to the chemical and ways to potentially reduce exposure.

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