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Riordan Clinic

Health Hunters Newsletter

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Inside This Issue

Riordan Clinic is a not-for-profit 501(c)(3), nutrition-based health facility in Wichita, Kansas. 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."

Dr. Atsuo Yanagisawa shadowed me at the Riordan Clinic in 2005, the year of Dr. Hugh Riordan's sudden passing. As both an M.D. cardiologist and PhD researcher, Dr. Yanagisawa was intrigued with the use of high dose ascorbic acid being given intravenously for cancer. His experience at the Riordan Clinic led him to found and grow the Japanese College of Intravenous Therapy, whose now 600+ Japanese doctors follow the Riordan IVC Protocol for Adjunctive Cancer Care. His exciting story below, published in the Japanese version of Newsweek, highlights the ever-growing use of IVC as a "minimally invasive" cancer treatment tool that improves outcomes, minimizes side effects, reduces treatment toxicity and results in improved quality of life (QOL) for IVC treated cancer patients, as documented in four published QOL studies.

Dr. Ron Hunninghake,
Chief Medical Officer

Japanese College of Intravenous Therapy

High-Dose IV Vitamin C

Newsweek トランプの

ARTICLE FROM
Newsweek (JPN)
September 6, 2016

Following announcements that clinical data show that cancer is controlled and QOL is restored, the High-Dose IV vitamin C therapy rapidly became popular in the USA from ten years ago. In Japan too, this treatment was spotlighted from early on. Here, we talk to Dr. Atsuo Yanagisawa of the Japanese College of Intravenous Therapy.

The biggest demand of medical treatment today is to be "minimally invasive" – in other words, a mindset that adapts to the needs of medical consumers, where achieving the best treatment results while minimizing the damage to the patient is the ideal. In particular, the advancements in minimally invasive treatment for cancer are noteworthy. Surgical operations using endoscopes or laparoscopes differ from conventional operations that involve large incisions. The former dramatically reduces post-op recovery time. Moreover, with the latest radiotherapy, such as proton beam or laser knife, only the lesion is targeted, making it possible to minimize the damage to surrounding normal tissue. Even in chemotherapy, where side effects are a given, it is no exaggeration to say that the appearance of molecular target drugs that only attack specific cancer cells has changed the entire treatment landscape.

Amidst all of this, minimally invasive cancer treatment has become a hot topic in the USA, and the treatment that is spreading across the continent is known as "high-dose IV vitamin C therapy." A transfusion containing a mega dose of vitamin C (ascorbic acid) is injected via an intravenous infusion into a vein, where it works to shut down cancer cells. It is used in tandem with early stage cancer treatments, pre-op treatments and post-op follow-ups, chemotherapy and radiotherapy. When in advance-stage cases where there seems to be no treatment available, this vitamin C therapy is stepping into the breach as a treatment for various circumstances – hence the excitement about it. No cutting of the skin in an operation or side effects from anticancer drugs, word is that you just relax on a bed or in a reclining chair for about an hour while an intravenous infusion feeds you a minimally invasive treatment that can treat cancer.
Yet, why is it that an IV vitamin C alone can offer such efficacy?
"The vitamin C used in this treatment is highly concentrated and is given in 50-to-100-gram doses, which is the equivalent of 2,500-to-5,000 lemons being directly introduced to a vein – not orally – but via an IV infusion, raising the vitamin C concentration in blood by a huge amount," says Dr. Atsuo Yanagisawa, former professor of Kyorin University, and current chair of the Japanese College of Intravenous Therapy.

High-Dose IV Vitamin C continues on page 2...

Contact the Editor

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

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Dr. Anne Zauderer
Editor

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High-Dose IV Vitamin C continued from page 1...

"And, when there is a high concentration of vitamin C in the blood, the constituents seep out of blood vessels, creating hydrogen peroxide (reactive oxygen), which, once taken in by cancer cells, greatly arrests the activity of the cancer, and is thought to lead to cell death."

Numerous cases in the USA use vitamin C in early stage pre-op treatment.

Let us look specifically at the treatment.

As it has been said, this therapy covers everything from early stage to progressive and metastatic cancer, which means it can be introduced at any stage of the illness.

However, according to Dr. Yanagisawa, the ideal approach is to start using it as soon as the cancer is discovered. "At the pre-op treatment stage, more and more cases are using a combination of chemotherapy and high-dose IV vitamin C therapy. Using this therapy to assist other treatments reaps great results and, furthermore, the body does not build up resistance to it (efficacy of medication does not drop) even when it is used for prolonged periods. From that point alone, it is an extremely effective therapy when used as quickly as possible at the pre-op treatment stage."

In ongoing basic experiments in America, high-dose IV vitamin C therapy is being taken prior to operating, and there are reports that doing so lowers the risk of metastasis after that. Indeed, when used together with radiotherapy, vitamin C may effectively restore normal tissue exposed to radiation.
In cancer therapy, making an accurate early stage prognosis greatly impacts the progress of recuperation, which, in itself, is enough to tell us that we need to at least know about the existence of high-dose IV vitamin C therapy.

As the chart (at the end of the article) shows, clinical tests are in progress on high-dose IV vitamin C therapy in countries around the world, including Japan.

"Apart from some extremely rare types of cancer, we know that high-dose IV vitamin C therapy is very effective against just about all forms of cancer" says Dr. Yanagisawa. Nevertheless, he also points out that precision techniques are required to administer the vitamin C.

"In illnesses where progression is fast, like pancreatic cancer, an IV infusion needs to be given on consecutive days, whereas, with slow progression cancers, like prostate cancer, the basic rule is to just administer the vitamin C about once a week. So, frequency and amount of therapy needs to be adjusted while giving consideration to degree of progression and the stage reached."

High-Dose IV Vitamin C Therapy shows efficacy in QOL
One more benefit from high-dose IV vitamin C therapy is the efficacy it shows in restoring quality of life (QOL). For instance, even though the progression of the illness is being held back, if the pain caused by cancer (carcinomatous pain) is severe, it alone will act as a massive obstacle to daily activities. High-dose IV vitamin C therapy has shown that it also is effective in relieving pain.

"A considerable number of patients say that pain has been greatly reduced just by comparing their pain levels pre and post IV infusion. One person having trouble breathing due to lung cancer found that their coughing subsided after IV infusion, which surprised both the patient and their family. This is because high-dose vitamin C is considered to have an acute antioxidative effect." Dr. Yanagisawa says that he and his research group are clinically testing how the high-dose IV vitamin C therapy improves QOL and that they have confirmed its superb effectiveness.
"In cases where the aim is to treat the cancer and improve QOL, we have confirmed efficacies from using IV infusions two or three times a week, continuing for at least an initial period of three months. Many patients experience improvements in their QOL, such as recovery of appetite, disappearance of washed-out feeling and subsidence of pain compared to before the treatment started. These efficacies come from an

Dr. Atsuo Yanagisawa is the President of Japanese College of Intravenous Therapy and International Society for Orthomolecular Medicine

Graduate and post-graduate of Kyorin University, doctor of medicine, former professor of emergency department in health science faculty of Kyorin University (1999-2008), American College for Advancement in Medicine certified chelation therapy specialist (CCT), Fellow of the American College of Cardiology (FACC), head director of International Education Center for Integrated Medicine, director of SPIC Salon Medical Clinic.

High-Dose IV Vitamin C continues on page 3...

High-Dose IV Vitamin C continued from page 2...

approach that combines dietary care, nutritional care and mental care, so that the obstacles to daily living can be reduced even for patients with progressive or metastatic cancer."

Yet, although high-dose IV vitamin C therapy is excellent in terms of effectiveness and safety, there are points where care should be taken.

"For instance, using high-dose IV vitamin C therapy together with other treatments, such as velcade used in treating multiple myeloma and methotrexate used for chronic leukemia, leads to a risk of serious side effects, so such combinations must be avoided. Also, for pharmaceutical preparations, at the Japanese College of Intravenous Therapy, we get our 650 nationwide member clinics to avoid domestically produced pharmaceutical preparations that contain preservatives and instead have them use preservative-free ones imported from abroad."

As a highly talked about minimally invasive treatment for cancer, high-dose IV vitamin C therapy is being introduced as a clinical treatment in more and more medical institutes in Japan. As an increasing number of cancer patients seek alternative "minimally invasive" treatments, we expect high-dose IV vitamin C therapy to be one of the most popular options.

Originally published in Newsweek (JPN) magazine on September 6, 2016. Reprinted with permission. Abridged slightly from the original translation.

Clinical Research on High-Dose IV Vitamin C Therapy
* Papers already published

- Lung Cancer
  Iowa University (USA, 2015)
  Clifford Hospital (China, 2016)
- Colorectal Cancer
  Jefferson University (USA, 2011)
- Pancreatic Cancer
  Thomas Jefferson University (USA, 2011) *
  Kansas University (USA, 2011)
  Eastern Regional Medical Center (Philadelphia) (USA, 2012) *
  Iowa University (USA, 2014)
- Liver Cancer
  Thomas Jefferson University (USA, 2012)
- Breast Cancer
  CTA** (Chicago) (USA, scheduled for 2016)
- Ovarian Cancer
  Kansas University (USA, 2005)*
- Prostatic Cancer
  Copenhagen University (Denmark, 2010)
  Johns Hopkins University (USA, 2015)
- Malignant Lymphoma
  Tokai University School of Medicine (Japan, 2008)*
- Chemotherapy Resistant Cancer
  Jewish General Hospital (Canada, 2010)*
- Brain Tumor (Glioma)
  Iowa University (USA, 2014, 2016)*
  Nebraska University (USA, 2014)
- Safety Test
  McGill University (Canada, 2008)*
- Cancer Patient QOL
  Japan College of Intravenous Therapy (Japan, 2010)*
- Therapy Resistant Cancer
  McGill University (Canada, 2010)*
  Otago University (NZ, 2014) *
- End-Stage Solid Cancer
  CTA** (Chicago) (USA, 2006) *

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Upcoming Events

October 13 - 15th

IVC & Chronic Illness Symposium: The Emergence of Redox Medicine

Hosted by the Riordan Clinic, this internationally renown symposium explores the underlying causes of chronic illness, with the intent of elucidating new ways to treat disease in a non-toxic fashion.

November 3rd 7-8pm

Evening Lecture – Give Thanks for your Gut

Hosted by GreenAcres Market (Kansas City), Dr. Nia will be speaking about the importance of gut health and how that affects the progression of many chronic diseases.

Please see **www.riordanclinic.org** for more information

PAINDEMIC: What is Causing Our Pain-Epidemic?

AUTHOR
Melissa Cady, D.O.
Physician & Founder of antiPAIN Lifestyle, L.L.C.

There is no doubt that more opioids are being used than necessary, with associated unintentional deaths—almost 45 Americans per day in 2010! (1) Yet, voices rise after hearing condemnation of opioids, or when having difficulty in obtaining them. They are the people who already found opioids helpful or believe that they are helpful. Then, there are those who do not have access to adequate treatment and proclaim "undertreatment" of pain. Fewer opioids, more opioids, or undertreatment of pain seem to be the prominent arguments in the pain community.

True, some people can function well on intermittent use of opioids. However, if numerous patients are so mentally clouded by the opioids that they use and/or do not do anything for themselves in the form of enhancing their own function or mental/physical health (aka self-care), then those drugs' benefits are not outweighing the risks. We cannot only blame the patients, the medical system must also take responsibility.

But herein lies the dilemma. Physicians are so poorly trained in medical school on the various treatments of pain that patients have less chance of receiving the best care for their pain. If better treatments with less risk are NOT emphasized or taught to physicians, then how are patients going to recognize their importance? The savviest of pain patients may realize that there are better ways than pills, injections, or surgeries (when no red flags are present). Unfortunately the journey to ideal pain care can be arduous, complicated, and delayed. It should be easier, but we must focus on the real issue.

Too many opioids is not the true *problem*. Undertreatment is not the true *problem*. Opioids and undertreatment, in and of themselves, are *symptoms* of a much greater, invisible problem—*inappropriate* treatment.

Why do these two symptoms and others exist?

Symptom #1:
Opioids & Drug Overdoses

The excess of opioids and overdose deaths are the consequences of too many physicians giving out too many opioids for the symptom of pain for several reasons:

- Do not understand or are unable to better diagnose the cause of pain
- Do not have the time to address the complicated issue more completely
- Do not have or appreciate other tools to offer the patient
- Do not have the cooperation of medical insurance or other third-party payers for more conservative options
- Do not have the appropriate conservative therapy resources for referral of patients
- Difficulty with ascertaining who is most vulnerable to addiction or diversion of the drugs
- Patients may demand opioids and/or be unwilling to put in other efforts

Opioids address symptoms, but they should be a last resort or a temporary bridge in most cases, not an approach that lasts for years. (2) This can lead to lost time, which can complicate the original problem. Other physical and emotional complications can arise while the primary issue simmers, creating a more difficult situation to tease out later.

PAINDEMIC: What is Causing Our Pain-Epidemic? continues on page 3...

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Symptom #2: Undertreatment of Pain

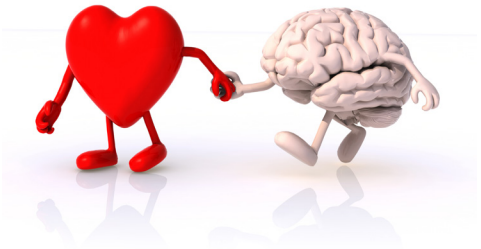
Undertreatment of chronic pain can result from:

- Physician's insufficient understanding of pain
- Patients may give up on the medical system due to frustration or despair
- Physicians do not have or appreciate other tools to offer the patient
- Lack of time with patients
- Lack of medical insurance coverage
- Lack of appropriate resources in patient's region
- Disbelief that the patient's invisible burden of pain is real

Undertreatment of pain is the consequence of multiple forces within the medical system. Physicians are either limited by the skills that they were taught or limited by third-parties who restrain their ability to get the best care for their patients.

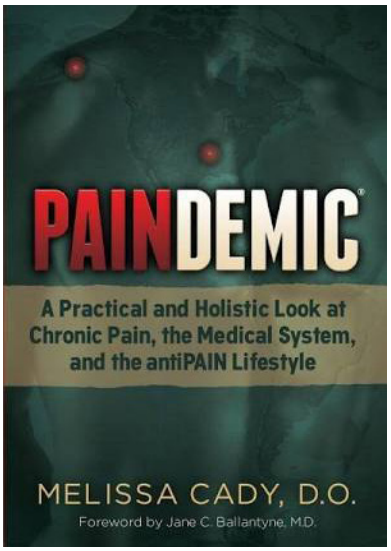
There are many other symptoms, but suffice it to say that trying to fix these cultural symptoms without addressing the cause—*inappropriate treatment*—will not truly improve this PAIN-epidemic or PAINDEMIC®. (3) Sending physicians to conferences, which typically rehashes different ways of using medications without discussion of other human factors (e.g. biomechanics, connective tissue, nervous system, etc.) is not expanding the physician's toolbox and is a disservice to patients.

How Do We Reverse this Country's PAINDEMIC®?



1. Medical schools need to incorporate more diverse education on ways to address pain.
2. D.O.'s, P.T.'s, Chiropractors, M.D.'s, etc. need to share how their skills/results can be incorporated into better diagnostic abilities, which can lead to more precise, reliable research.
3. Physicians and non-physicians need to collaborate more on research together. We need to understand, diagnose, and treat pain better.
4. Translate the research back to the medical schools for better understanding and training of future physicians.
5. Physicians need to accept and open their minds to the idea that many non-physicians have been successful at helping patients when physicians have not.
6. Non-physicians who are successful with patients need to step-up and present their results in a respectful way to help physicians recognize the non-physician's skills.
7. Physicians and non-physicians need to acknowledge the limitations of each other's skills and consider how they can complement one another. There is a time and a place for each skill.
8. The pain profession needs to believe and listen to the patient, and do the RIGHT thing without pigeonholing the patient into one treatment in the name of profit.
9. As a general pain profession, we need to help patients see the big picture when pain issues are not straightforward. The patient/physician culture needs to change.
10. One of the toughest issues is physicians relying on third-party payers who dictate the value of the medical professional's service. It will take strategy to rely less on those middlemen or create a bigger fight from all of us. If we want to do the right thing, then we are all in this together.

Dr. Melissa Cady is the author of Paindemic: A Practical and Holistic Look at Chronic Pain, the Medical System, and the antiPAIN Lifestyle. More information about Dr. Cady and her book can be found at http://melissacady.com/.



RESOURCES:

1. *CDC (Centers for Disease Control and Prevention). Vital Signs: Opioid Painkiller Prescribing. July 2014. http://www.cdc.gov/vitalsigns/opioid-prescribing/*

2. *Roger Chou et al, "The Effectiveness and Risks of Long-Term Opioid Therapy for Chronic Pain: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop," Ann Intern Med. 2015;162(4):276-286. doi:10.7326/M14-2559*

3. *Melissa Cady. PAINDEMIC: A Practical and Holistic Look at Chronic Pain, the Medical System, and the antiPAIN Lifestyle. (New York, NY: Morgan James Publishing, 2016).*

Thermography: Safer and Earlier Detection of Breast Cancer

AUTHOR
Annette Chlumsky, RN

Thermography has been a controversial detection tool for breast cancer for quite some time. It has been used since the 1960s; however, the cameras back then were not very sensitive and therefore not as reliable as they are now.

Thermography in 2016 has a vastly improved heat-sensing scanner technology using highly sophisticated infrared cameras that make over seventy-six thousand digital measurements with each image. In addition, the field of thermography has developed an extensive scientific clinical research data bank of over 800 published research papers, that includes the testing of more than 300,000 women. This has helped the field of thermography to gain ground among more progressive practitioners.

Even though there is reliable technology existing today, there is limited awareness and insufficient education. This has resulted in the underuse of thermography in clinical practice. In 1981 the FDA listed breast thermography as an adjunctive diagnostic procedure for breast cancer and reaffirmed this position in 1998. The National Cancer Institute lists breast thermography as a diagnostic procedure for breast cancer detection and described it as “probably the earliest indicator for breast cancer.”

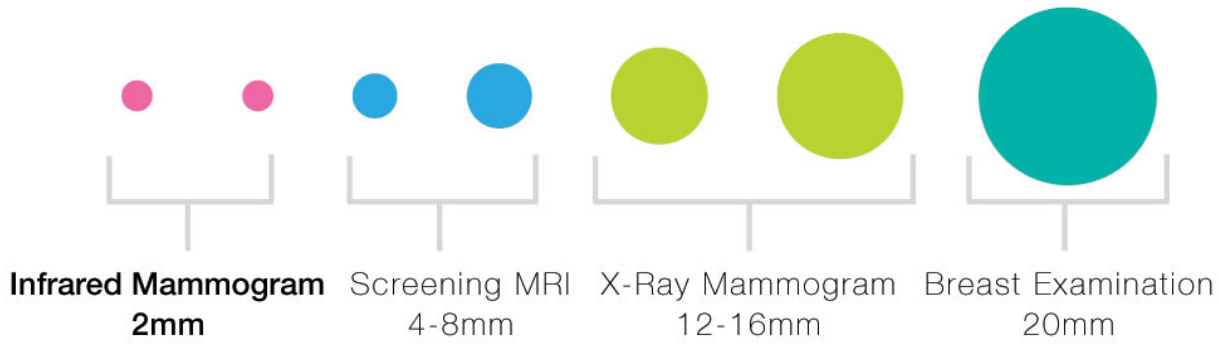
Breast thermography measures differences in infrared heat emission from normal breast tissue, benign breast abnormalities (such as fibrocystic disease, cysts, infections and benign tumors) and breast cancer. It does this with a high degree of sensitivity and accuracy. It is a non-invasive measurement of the physiology (function) of the breast tissue, rather than the anatomy (structure) which other imaging such mammography, sonograms, and MRIs may identify.

Tumor tissue does not have an intact sympathetic nervous system and therefore it cannot regulate heat loss. When the breast is cooled in a room kept at 68 degrees Fahrenheit, blood vessels of normal tissue respond by constricting to conserve heat while tumor tissue remains hot. Thus, tumors emit more heat than their surrounding tissues and are usually more easily detected. As the disease progresses, cancerous tissues stay hot, they do not cool down. In contrast, other conditions such as fibrocystic breasts, infections, inflammation disorders cool down as they resolve.

Breast thermograms find highly specific thermal patterns in each individual woman. They provide a unique “thermal signature” that remains constant over years unless there is a change in an underlying condition. For this reason it is important to have a benchmark early in a woman’s life, beginning at age 25. Then, over time it is possible to differentiate between cancer and benign conditions.

Most breast cancers do not become palpable until they are larger than one centimeter and often by that time 25% have already metastasized. Thermograms detect changes that precede breast cancer. An asymmetrical increase in temperature is a diagnostic sign. At least five studies published between 1980 and 2003 document that thermal imaging is a major advancement in identifying breast cancers, not only with greater sensitivity and specificity, but also years earlier than with any other scientifically tested medical technology. False-positive results are a criticism of breast thermograms; however, the positive result may actually be a forewarning indication of developing malignancy, warning of tissue changes that precede breast cancer, but cannot yet be picked up on radiological or ultrasound imaging.

Mammography has been the state-of-the-art screening test for several decades. However, considerable controversy remains regarding its value, particularly in women under the age of 50. For younger women, mammography is more likely to miss the



Thermography: Safer and Earlier Detection of Breast Cancer continues on page 7...

Thermography: Safer and Earlier Detection of Breast Cancer continued from page 6...

aggressive breast cancers that are typically diagnosed in this age group, especially in women with dense breast tissue who are at a significantly increased risk for developing breast cancer. For women between the ages of 40 and 44, breast cancer is the leading cause of death according to the American Cancer Society. Thermography is more sensitive for recognizing abnormalities in the younger and/or denser breast tissue. Other difficulties in reading mammograms can occur in women who are on hormone replacement therapy, nursing, fibrocystic, large breasted, or with breast implants. These situations are compatible with thermography which is more diagnostically sensitive.

Many women have avoided mammography screenings because of years of accumulating radiation exposure. Thermography provides an alternative screening option for women who may not have agreed to a screening mammogram. Breast thermography involves no radiation exposure or breast compression, is as easy to do as standing in front of the infrared camera, and is affordable.

Generally accepted breast cancer risk factors for which screening is particularly important are:

- having started your first period before age 12
- having gone through menopause after age 50
- having your first child after age 30 or never pregnant
- on hormone replacement therapy or birth control pills
- consuming one or more alcoholic drinks per day
- having a family history of breast cancer
- having the inherited breast cancer gene
- postmenopausal
- postmenopausal weight gain
- sedentary lifestyles
- elevated insulin levels and type 2 diabetes.

Riordan Clinic uses Therma-Scan Reference Laboratory, which is the most experienced breast thermography facility and has been in business since 1972. Thermograms are graded with a system much like pap smears with grades 1-5. TH1 and TH2 are normal, TH3 is moderately abnormal, and TH4 and TH5 are severely abnormal. If the thermogram report comes back with a significant high score, patients are referred for further evaluation. We use thermography as a screening tool and an adjunct to other modalities- mammography, ultrasound and MRI.

You do not need to be a patient to schedule a thermogram at RC. If you are not a patient, and the results are of concern, you may discuss it with a nurse and take the report to your doctor. If you are a patient, and results are indicative of an abnormality, your doctor will be available for a consult to develop a nutritional program to help reverse the inflammation or atypical pattern, attempting to prevent a more serious disease process.

Infrared Breast Thermography Special ~~$215~~ **$189** during the month of October

To schedule an appointment for breast thermography, please call **316.682.3100**

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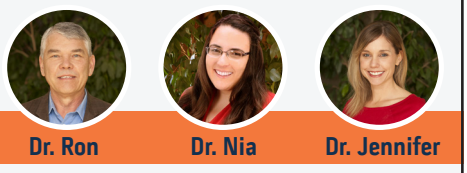
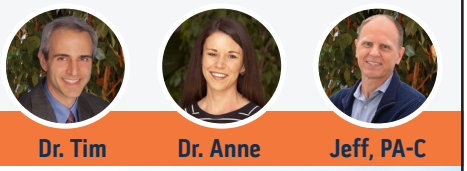
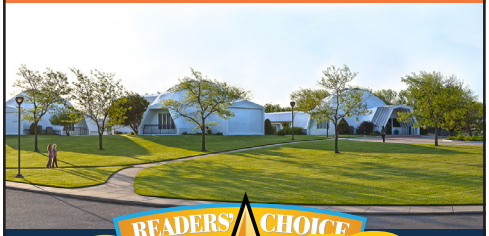
On behalf of the Riordan Clinic, I would like to express our heartfelt thanks to all of those who voted for us as Reader's Choice Favorite. It has been our pleasure to serve those who are ill and on their journey to find real health for over 40 years. I would like to thank our patients for entrusting us with their care, our amazing staff today from the beginning for their dedication and hard work giving the best care to those in need and to everyone else who has supported us over the years.

Donna Kramme

Donna Kramme, CEO







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Stem Cells and Your Health

Dr. Ron Hunninghake, Chief Medical Officer

Stem cells – the new buzz word in medicine today. Why? Because these are the true "healing cells" within the body. Old, worn out, injured, dying, inflamed, and nutrient deficient cells are replaced by fresh…stem cells.

Each of us is blessed with only a limited number of these amazing cells in our lifetime. This is why stem cell infusions and transplants are the up and coming therapy for just about any disease. Unfortunately, these therapies are often listed as "experimental" and are very expensive, even if available. What to do?

Dr. Hugh Riordan's son, Dr. Neil Riordan, has been a leading innovator in stem cell therapies. In addition to the intravenous and injectable therapies mentioned above, he has developed **Stem-Kine™**, an oral supplement proven to increase the number of EPCs in the bloodstream.

EPC stands for Endothelial Progenitor Cell. EPCs are a line of stem cells that repair the endothelial lining of all the thousands of miles of blood vessels that pulse oxygen and nutrients to every niche and cranny of the body. **Stem-Kine™** promotes the development of new EPCs in your bloodstream.

Several other invaluable products were developed by Dr. Neil in conjunction with his early research career at Riordan Clinic: **Imm-Kine™**, which stimulates better immune function, **IVC-Max™**, which is a nutrient combination shown to enhance the benefits of intravenous vitamin C in cancer patients, and **C-Statin**, which is a bindweed extract that blocks the growth of new blood vessels to tumor cells.

Two brand new products are especially helpful in the prevention and treatment of chronic illness. **Infla-kine™** is a curcumin-based herbal product that modulates the exaggerated inflammatory response that is at the basis of ALL of the modern "-itis" diseases such as arthritis, dermatitis, neuritis, colitis, etc. **Nattokinase** prevents inappropriate blood clot formation that might otherwise cause heart attacks, strokes, leg and lung clots. More importantly, it helps to reduce the viscosity of blood and improve the circulation of oxygen and nutrients to your cells.

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http://store.riordanclinic.org/

Stem-Kine™

- Increases the release of your body's own stem cells into your blood stream, where they can be used to help your body heal.
- Supports your body's natural healing mechanism, aiding in repair and healing processes within the body.
- Assists in combating the signs and symptoms of aging and results in: improved complexion, a heightened sense of well-being, improved hair and nail growth, and improved circulation.

Imm-Kine™

- Provides a broad-spectrum immune enhancement, especially during times of stress.
- Can help increase athletic performance and aid in post-workout healing.
- Contains bacterial DNA which activates your own body's immune defenses (macrophages, dendritic cells, and proliferation/differentiation of T cells).

IVC-Max™

- Contains cofactors known to boost the benefits of Vitamin C, including Vitamin K, Quercetin, Grape Seed Extract, and others.
- Benefits include: increased blood flow and an improvement in healthy skin.

Infla-kine™

- Proprietary blend of nutritionals aimed at maintaining healthy inflammation and inhibition of pro-inflammatory cytokines.

Nattokinase

- Supports the healthy coagulation of blood within normal levels and enhances fibrinolytic activity.
- Helps promote healthy blood pressure and supports your body's ability to dissolve blood clots.

C-Statin™

- Supports normal angiogenesis, which is the process that promotes the formation of new blood vessels. The recruitment of new blood vessels plays a crucial role in abnormal cell growth and survival.
- Contains a proprietary extract of bindweed, comprised of proteoglycan molecules (PGMs) and has no recorded adverse side effects. PGMs have been demonstrated to have significant anti-angiogenic and immunostimulatory effects.

These statements are not evaluated by the FDA and are not intended to cure, treat or prevent any disease or condition.