

# Real Health Podcast

*Brought to you by the Riordan Clinic*



## Episode#58: Introduction to Dr. Arden Andersen

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**Intro:** This is the Real Health Podcast brought to you by Riordan Clinic. Our mission is to bring you the latest information and top experts in functional and integrative medicine to help you make informed decisions on your path to real health.

**Dr. Ron Hunninghake:** Well, welcome everyone. It's Dr. Ron Hunninghake again, and we're having the Real Health Podcast. Today is special because I'm very pleased to announce that we have a new doctor at the Riordan Clinic, and he is my guest today, Dr. Arden Andersen. How do you like to be referred, Dr. Arden? Dr. Andersen? We didn't talk about this. I'm Dr. Ron because no one can pronounce my last name.

**Dr. Arden Andersen:** Yeah, it's whatever people are comfortable with. Some people Dr. Arden, some people Dr. Andersen. It's fine either way. I'm not too hung up on that either way, as long as they don't call me late for dinner.

**Dr. Ron Hunninghake:** There you go. Okay, I'm going to go Dr. Arden, so we're a team. I'm excited because you come from a farming background. We in the last several years have been talking about the importance of the metabolic terrain of the individual in terms of maintaining really good health. That naturally alludes to the fact that we have to get our food from the soil. But from what you and I have talked about, the soil is not what it used to be. I'm wondering how has this informed your practice as an osteopathic doctor in integrative medicine?

**Dr. Arden Andersen:** Well, thank you, Ron, for that question. Absolutely, agriculture is completely linked to human health, starting with the soil. Unfortunately, yes, over the last ... Well, actually it's been the last couple hundred years, we have both eroded the soil physically, so we have less of it, the topsoil. But at the same time, we have altered it in such a way that even what nutrients are there are less available. We've oxidized a lot of them. Even though we may have, for example, iron present, manganese present, zinc, and so on, if they are oxidized, they are actually toxic. Because of modern agricultural approaches, they're highly oxidative.

One, it burns out the carbon in the soil, but at the same time oxidizes the nutrients. We end up with more and more nutrient deficient food, which is played out in more weeds, diseases, and insects. Conventional agriculture's approach to that is rather than addressing the cause, which is nutrition, oh, we'll just genetically engineer the crop so it's unaffected by this new virus or whatever, the problem with that is nature still wins because it's only a matter of time when that variety then becomes susceptible to the next level of virus or infection of some type, or insect, whatever it might be, because you can't fool nature.

The bottom line is, is that the reason we have weeds, diseases, and insects is because there's a nutritional deficiency and nutritional imbalance. Chemical agriculture, like chemical medicine, only seeks to search and destroy. Whether it's search and destroy a tumor in a person, or it's search and destroy some disease in a crop, it's still all about the disease, not the host, not the crop or the soil. The two go hand in hand. Really long-term for us to survive on this planet, we have to recognize that because part of that whole chemical mindset has also increased the number of toxins then directly in our food, directly in our water systems, in our soil, in our air, in every aspect that contacts us.

That makes our job as physicians even more difficult because now we not only have to deal with the nutrition deficiencies, we have to deal with the toxins, the pesticides, the pollutants that further robs of nutrition and health.

**Dr. Ron Hunninghake:** You're an osteopathic doctor, and I know that the philosophical foundation of osteopathy is more holistic. I'm wondering, did your background in agriculture draw you to osteopathic, or did that just become the best way for you to get into medicine and then your interest then drove your career from there?

**Dr. Arden Andersen:** Yes, it did drive me to osteopathy because that was what was sold to me, if you will, before I went to medical school, that osteopaths approached it more from a holistic family practice approach rather than a specialty approach. Part of that influence was is when I was in high school, our team doctor was an osteopath. He was an old time osteopath who was a primary care doctor that did everything, including surgery. Doctors in the '60s, family docs, they delivered all their own babies. They did all their own basic surgeries of tonsillectomies and appendectomies and gallbladders. I mean, they did everything.

There weren't specialists very many places. I mean, you really had to go to the big centers to find any specialists. That was some of my first exposure to osteopathy. That got me thinking about, well, one, also I wanted to do some manipulation. Unfortunately, medical doctors are not taught manipulation and osteopaths are, so I thought, okay, that's kind of the best of both worlds and that's what got me into osteopathic school. But honestly, what I've found today, particularly because of the integration of all the residencies and whatever, MDs and DOs are indistinguishable.

The reality is that 80% of osteopaths do not do manipulation and do nothing with manipulation in their practices. They are indistinguishable.

**Dr. Ron Hunninghake:** How were you able to express your interest in the holistic approach? I'm going to throw in the fact that you are knowledgeable in chelation, prolotherapy. You do a number of the modalities of the integrative doctor. How did that evolve in your medical career?

**Dr. Arden Andersen:** Part of it had to do with the medical school that I chose was one that at that time, Western University Health Sciences in Pomona, California, they did not have locked in contracts with hospitals for all of the third and fourth year rotations. Therefore, we are allowed to do more individuals

seeking of facilities to go and do our rotations. Because of that, I was able to find physicians that were doing some alternative things. I was able to find the Born Clinic in Michigan. I found a DODDS in Reno, Nevada. I found a couple different ones in Florida that were more holistically minded and more integrative medicine minded.

I got introduced to chelation therapy. I got introduced to prolotherapy. I got introduced to IV nutrition. All of those things done by, well, MDs and DOs, because I rotated with both. That started me right out as a third and fourth year medical student. Obviously, as you know in residency, you don't get any of that. You just need to pass a test. I mean, that's really the reality, is you get your license, you pass your test, and then okay, now you can do what it is you're going to do. But because of that rotation, I actually was offered a job by Dr. Born in my fourth year at medical school.

He said, "Well, when you get done to your training, come back here. We'd like to have you come back." That's what I did. Already then introduced to those kinds of therapies from the get-go.

**Dr. Ron Hunninghake:** We had a fascinating conversation about lead and how lead gets into the soil and how when we do diagnostic chelations here at Riordan Clinic, which I did from the very beginning when I started here, I had no training in it in medical school. But Dr. Riordan was a chelator. I've been amazed at how many people have lead poisoning. We were talking about, what is it, lead artesunate? Is that what it is that they spray on the crops?

**Dr. Arden Andersen:** Well, what happened was it actually started with Paris green back in the 1800s as an insecticide. It was an arsenic-based dye, and they found out it'd work as an insecticide. Well, then they found out that lead arsenate was even more effective. Up until the 1940s when DDT was introduced, lead arsenate was the chemical of choice, insecticide of choice for all of agriculture. Well, the highest doses applied were in areas of warmer weather where we had a lot of fruit, vegetables, and seasonal foods. Those soils are heavy clay soils, many of them, so they retained the lead and the arsenic in the soils and today continues to come out just like the DDT does continue to come out in the food.

In fact, if you look at a study was done about a year ago at rice products, American rice has the highest arsenic levels of any rice in the world. Why? Because where it's grown, the soil is loaded with arsenic. The same thing, we're getting lead from those foods as well. In a recent study I saw, food is the primary source today for this generation as far as lead toxicity is concerned. Yours and my generation and our parents' generation, that would've been leaded gas and lean, lead paint, lead piping, and so on. But today's generation, it seems to be the food and water in many cases too.

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**Dr. Ron Hunninghake:** The prolotherapy, how did that come into your medical bag of treatments? How did that evolve in you?

**Dr. Arden Andersen:** Yeah, very good. Well, again, both the rotation that I did with the Born Clinic and also the dentist rotation in Reno, both of those docs did prolotherapy. In my third year and fourth year, I got exposed to that in rotations actually.

**Dr. Ron Hunninghake:** Very early. That's cool.

**Dr. Arden Andersen:** It was very early. And then subsequently, I went to a number of courses on prolotherapy and then, of course, became a part of the organization.

**Dr. Ron Hunninghake:** And then another area that I know you have great expertise in is bioidentical hormone replacement therapy. I'm curious as to where that came into your medicine bag of treatments.

**Dr. Arden Andersen:** Yes. Well, I actually started at the Born Clinic because Dr. Born was a pioneer in OBGYN therapy. He was an old '60s doc who, again, delivered all his own babies and did a lot of GYN and female medicine. He was the first doc in Western Michigan to bring in colposcopy and started hormone replacement therapy. That was my introduction and initial training. My first job was out of there. Well, over time I realized that it was okay, it was better than nothing, but it wasn't working with a lot of women, particularly postmenopausal women, and one of those was my mother. We have great motivation when you have family. I got to a point where I was just really frustrated.

The standard things weren't working. I ended up going to a conference where my future wife, Lisa Everett, lectured on bioidentical hormones and the use of troches. That was the first time I looked at the biochemistry behind it, the pharmacodynamics, and she was explaining all of that. I said, okay, good. My mother will be my first Guinea pig with that. She's 90 today and still on troches. That was how that whole process evolved. Subsequently, I've ended up being involved with a lot of hormone replacement therapy patients.

**Dr. Ron Hunninghake:** Well, and it extends even beyond just the hormone replacement in aging menopausal women, because nowadays, what we're dealing with is the metabolic disease that just seems to be engulfing the planet, diabetes, obesity, fatigue, depression. These are all related to mitochondrial dysfunction. Just in talking with you, we were going over the fact that hormones can be very powerful, energizing elements in a person that's dealing with chronic fatigue or has any type of chronic illness. They may be suffering from poor hormonal production, as well as thyroid insufficiency. These can perpetuate a poor metabolism. If that's the case, you're just not going to get well.

**Dr. Arden Andersen:** That is correct. Absolutely. We are wonderfully made, and all of those things have to be hitting on all cylinders in order for us to really gain health. Unfortunately, we have so many endocrine disruptors in the environment today, particularly Atrazine and Roundup, just to name two, but the two primary ones that really interfere with our endocrine system, including the thyroid system, including the adrenals and the sex hormones. I mean, all of them it interferes with because it chelates out the key nutrients that are precursors in those hormones working like they're supposed to. Yep, it's a big problem.

**Dr. Ron Hunninghake:** Now, here's a whole other area of your development is that you were in the Air Force for many, many decades and you yourself had a number of concussions and head injuries, I understand.

**Dr. Arden Andersen:** Yes.

**Dr. Ron Hunninghake:** We just did a talk not recently on microglia dysfunction. Do you feel like you have things that patients can do to help them? Because we have so many people that have brain inflammation. How does this play into your background and what can you offer to help patients in this?

**Dr. Arden Andersen:** Well, of course, particularly for most doctors, there's nothing like the self-motivation, your own health issues in order to motivate you to learn things about that condition. I had five concussions and two loss of consciousness. It was a significant issue. I was starting to have sundowners 10, 15 years ago a little bit and headaches and I shouldn't be having them and various things like that. I had done a lot of hyperbarics anyway, but hadn't really put the whole thing together. And then finally, in getting together with my wife and also a neurologist, Dr. Halterwenger, who is now passed, specialized in the biochemistry of head injuries.

He helped us as well in moving along understanding some of that process, and of course, then treating myself in addressing the damage. One thing that put this on the radar for most people is the movie Concussion, which was the documentary about the NFL's covering up head traumas and with the long-term consequence of CTE, chronic traumatic encephalitis, are or is because of the head traumas. That really has gotten more people involved in at least doing that research and looking for solutions. Unfortunately, conventional medicine is still just drugs people into oblivion rather than addressing the underlying inflammation in the brain.

As you know, you have to look at all those things. You have to look at the lead and the other toxic metals and the pesticides and their diet and all of those things.

**Dr. Ron Hunninghake:** The gut and the microbiome. Gut and microbiome.

**Dr. Arden Andersen:** Yes, absolutely, the microbiome.

**Dr. Ron Hunninghake:** Because that connects to the brain through the vagus nerve.

**Dr. Arden Andersen:** Absolutely. Yep. The gut-brain connection.

**Dr. Ron Hunninghake:** I am thrilled that you're coming aboard to Riordan Clinic. You're going to be training for the chief medical officer role. I'm curious, what was it that attracted you to Riordan Clinic? What was it that got your juices going in terms of what you know about Riordan Clinic that made you want to come to us?

**Dr. Arden Andersen:** Yes, very good. I think part of it is the professionalism and the approach that the Riordan Clinic takes with looking at a holistic approach, as well as my first introduction was in the 1980s when Dr. Hugh was still alive. I was there with Phil Callahan doing research on the breadth of cancer patients. I was familiar with the Riordan Clinic at that time, but hadn't really followed them too much, and then began to look back at the investigation of the Riordan Clinic and the Overland Park Office and the various things that Riordan did. I thought, gosh, that's where I would like to end up in my career as far as dealing with, one, those kind of people and also just the overall program.

**Dr. Ron Hunninghake:** Well, I've always been very impressed with the Air Force. Of course, we have a son that's in the Air Force, but you spent 30 years, is that right, in the Air Force?

**Dr. Arden Andersen:** 29 years, yes.

**Dr. Ron Hunninghake:** 29 years.

**Dr. Arden Andersen:** 29 years.

**Dr. Ron Hunninghake:** But there's a lot of leadership that goes into being in any one of the armed services. But Air Force to me, of course, I'm biased, but what did you get out of being in the Air Force? What was the real personal take home for you?

**Dr. Arden Andersen:** I think the most important thing is, is that pretty much everything that we decided to do is a team sport. The success of any leader is as much because of the success of the people that they oversee as it is the person themselves. The best generals that I saw, the best elite leaders I saw were very humble in that perspective, recognizing fully that they're not the ones that did the daily execution of things. It was the team that did that and really encouraging and helping that team to do its job is where the success came.

Yes, of course, the leader either took the fall for the failure or the credit for the success, but the bottom line is, is that it's still a team sport regardless of what we do. That was really the take home message. For people to survive on the battlefield, it was a team sport. That's the only way they could survive. The same thing in combat casualty care. It's a team sport. When those wounded come in, you have to be able to triage them. You have to be able to then take them to whatever area they were triaged for.

It's a whole team thing that coming out the end, a living recovering wounded soldier. No one person could be tagged with making it all happen. It's just impossible for that process to occur.

**Dr. Ron Hunninghake:** In my 35 years here at the Riordan Clinic, we see a lot of wounded co-learners, people who have been through so much trying to find the root causes of their illness and looking for innovative ways to get well. I personally am just totally thrilled that you're coming on board with us because I think you're a man of integrity and you have a lot of experience, and you're well-grounded, literally, in nutritional medicine. May I just say, welcome aboard and thank you so much for choosing us. I know our co-learners are going to be really thrilled to be working with you. Dr. Arden Andersen, thank you for being on our podcast too.

**Dr. Arden Andersen:** My pleasure. Thank you very much, and I'm looking forward to the teamwork and coming to Riordan. Thank you.

**Dr. Ron Hunninghake:** Thanks.

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