Introduction and Guest Background

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We have a guest episode today. I'm really excited to talk about, longevity with our guest, doctor Erica Oberg. She is at Maki Health. Erica, thanks for joining me. Appreciate this.

Thanks for having me back. I'm looking forward to it. Yeah. So we met a month or so ago at the Aspen Ideas Health Conference, and I loved getting to know you and learning a little bit in between sessions about your work, and really appreciate taking the time to talk through this.

So let's start off, give the audience a little introduction to your background. What it where did you study? How did you get involved in integrative natural medicine and longevity?

What have you been up to in your career? Yeah, sure. I'm a naturopathy doctor. I have been practicing for 21 years and I graduated from Bastion University in Seattle.

A lot of people ask, what is the big difference between naturopathy doctors and medical doctors? Or osteopathic doctors? A lot of it's the same, but there's some differences in the details.

In terms of our training. We all go to four year medical schools. The first couple of years are pretty much the same, right? All the anatomy and physiology and biochemistry and pharmacology, but where it really differs is in the clinical training, naturopathy doctors, don't do surgery or obstetrics.

And so that opens up a lot of time in the curriculum to do a much deeper dive into nutrition, micronutrients, botanical medicine, a lot of actually, counseling, lifestyle change, psychology, things like that.

So that's the overview of training. Like all doctors, we pass medical board exams after training to be licensed in the States we wish to practice in. Unique for a natural doctor, I went on to do a, residency and then a postdoctoral fellowship at the University of Washington and, the fields of health promotion.

And so I actually spent the first decade of my career splitting my time between clinical practice, and health promotion research. So we ran a number of clinical trials, essentially trying to reverse a chronic disease with various different lifestyle programs and strategies and measuring the impacts of that on both health outcomes and also health systems outcomes such as cost and and utilization across the health systems.

Yeah, I'm so and so give me a little bit of, your personal interest. What attracted you to this specialty in medicine, as opposed to all the other things you might have gone into?

Yeah, I am just passionate about helping people thrive. I just have I have a lot of energy myself, and I just know how much better I perform when I'm taking great care of myself and eating and getting the fitness and the sleep that I need.

And I am just really passionate about helping people thrive, no matter what stage of health or disease they're in. I think people can experience more health and wellness in the last months of their lives, and they can do that at any other point in their career.

Whether you're a busy executive or you're a stay at home parent or you're struggling with a serious chronic disease, they're all opportunities to help bring a little bit more vitality and and joy and function into people's lives.

And I've just been watching it happen for 21 years and I just feel so blessed that I get to make a living doing something that makes lives better for so many people.

Yeah, it struck me when we were talking in Aspen, and it resonates again right now that there's a different tone. I'm talking with you or others in this field, really in promoting health or being, proactive about getting one of your patients on a road to better wellness, better health, more energy, as opposed to a lot of traditional medicine is about fixing a problem.

Is that a fair distinction or would you categorize it differently? We definitely fix problems too, but I think there is definitely a difference in attitude.

There's a lot of pessimism and discouragement. I think, in a lot of traditional health care systems, and a lot of people show up in my office feeling disheartened, feeling confused, feeling like they've been given no hope.

And it's not really a matter of a hope. It's a matter of just doing the appropriate investigations and finding where are the levers that we can push on and engage to help somebody start getting better and improving their health?

Really, at that foundational root cause level. And from a motivational word view, it seems much more engaging, much more optimistic to be able to talk about solutions.

Of course, we want to correct situations that are causing negative symptoms, but also leaning in and like making a positive difference. Improving their overall health is really uplifting or exciting for me.

I would think for patients.

Naturopathic Training and Root-Cause Medicine

Yeah, exactly. The the idea of actually getting better, not simply signing up to manage a chronic disease for the rest of your life or slow progression.

Right, which is often talked about, and heart disease and dementia. But you can actually make improvements and gain health and functionality and we've shown that in clinical trials.

And other people have shown that in clinical trials. That really is yeah, it's very doable and attainable by I believe everybody. Yeah. And let's talk about marquee health risk for a minute.

So you recently in the last 6 to 9 months joined Marquee Health. You're in California. But marquee I think is nationwide or at least across many states.

Talk about marquee just for a minute. Yeah. I've recently joined Marquee Health as their medical director, and it's a really exciting opportunity. Marquee health specializes in the longevity space and in helping, clients take really deep dives into their health.

So we specialize in but you what we call an in-depth executive physical that includes everything from your full body MRI's and your full genome sequencing to testing your microbiome and all of those other metrics of health and function.

And when we have that much data, we can really make very precise recommendations to help people optimize their life. Yeah. Excellent. So let's dig in now at this, space is growing very quickly.

A lot of excitement and attention around it, at least for me. The PTA book recently got a lot of people more engaged in this. So maybe since Covid, to really start paying attention to longevity, wellness, what their options in integrative medicine, there's a lot of terms that I'm not sure I understand, and certainly the audience maybe doesn't fully understand.

So how should we understand this space? Integrative medicine, regenerative medicine, precision medicine. Can we spend a minute just talking about the terms, what they mean, or how you think about the audience should approach this space?

Yeah, definitely. A lot of the terminology is more in the branding space than in the medical specialty. So in terms of medical specialties that you can be, board certified in naturopathy medicine, there is an integrative Medicine Board certification available now and then.

There are some certifications there, not board level certifications, but the Institute of Functional Medicine offers a certificate. What's common across all of those is that doctors and nurse practitioners, too, are eligible for some of those certifications.

Doctors in that space are going to be taking that holistic approach, really looking at the root cause, not just the symptoms on the surface, but what's really going on in the full physiology underlying the cause, and also where the interplays are with the lifestyle.

So when people are looking for a qualified, practitioner, it is nice to look for one of those certifications, either a natural path like medicine degree or a functional medicine certificate or board certification by the Abiola the Organization of Integrative Medicine.

Those will really steer people towards clinicians that have been very well trained in this space, as opposed to there are some brilliant health coaches out there, but there's also a lot of people that maybe don't have the depth or don't have the credentials to order the diagnostic tests or really make the prescriptions that might be required.

After we find out what's going on. Okay. That's interesting that you term that was branding or marketing, is it fair to say that longevity, vitality, anti-aging or rejuvenation are all different ways to express a similar practice?

Or are there subtle differences that are useful to talk through? There might be some subtle differences. There isn't a, board certification in longevity medicine, but there are some some organizations that lead continuing education conferences for doctors that specialize in that.

I think when we're in the longevity space, we really are thinking about what can we optimize today with that preventive lens to, really focus on extending the health span, not necessarily the lifespan, but, you know, how we can help people be thrive and functioning up until their last days.

Hopefully the regenerative medicine space that, I love playing in that space that tends to get a little bit more into maybe some of the tools in our toolbox where we use some of the therapeutics, like stem cells or exosomes, or whether they're derived from yourself or from exogenous sources.

Those are both available. And that really plays into helping reverse some of the aging. So those are some of the the differences that that might come up when somebody is looking at the, doctors who promote those different terms.

Okay. But if they find a board certified practitioner like yourself in this space, they can that, that that clinician can then advise them on what's best for their situation.

And then, yeah, you or another clinician would have advise the patient on how to approach whether it's longevity or regenerative or precision. These are all aspects of what you do.

Is that fair? I would say so. I think the the big differentiator probably is actually the patient. Right. So and practitioners such as myself, we're generally focused on your goals.

Right? We don't come to the conversation with the work. I'm going to help you live to be 110. If that's not what you're interested in, then that's not your goal.

Then that's not where attention is going to be focused. So I think with that holistic approach and that root cause approach, we're really interested in your goals and how we can help you optimize to reach whatever you want that to be, whether it's getting on the floor with your grandkids or racing a sailboat across the Atlantic, or living to be 110.

Yeah. Or like for me, I want to extend my health span. I think that's a term that you throughout that I think is really valuable, that my ability to live a productive, enjoyable high quality life with good health, that's more important to me than the number of years.

But as you say, there may be different goals for different people. Someone may love to sail, and that requires certain strength or conditioning that that they would work towards.

Definitely. I think there's a and just as a little side note, I think there's a public health aspect to this that I always think about as well. When we are functioning well and operating at the top of our game, especially people like you who are in positions to help change the health care system.

Right? When we are functioning at a higher level, we're able to feed that forward into our companies, into our communities, into the people that we lead.

Longevity, Healthspan, and Patient Goals

And that makes for a better world or a better health system. Yeah. Excellent. So now I want to get your advice on how should I think or how should the audience think about, working with you or working with anyone in the integrative natural medicine space in relation to the traditional health care doctors?

Everyone. Well, most people have a primary care doc, or they might have 2 or 3 specialists they work with. Does working with you, is it an adjunct? Is it additive or does it somehow replace one or more specialties?

How should the audience think about that? It can go both ways. For example, at Maki Health we offer so essentially three basic tracks. We offer a deep dive, the core program that's really designed to access our doctors as specialists.

And so in that program, people come in for usually three months and do a whole battery of tests and get some initial recommendations and some health coaching and basically a roadmap to go on their way.

Now we also have two tracks for people that want to stay with us and consider us their primary care providers. And for those patients, we offer annual concierge memberships, where we'll continue to partner very closely with them as they move through their their health journey.

And that type of concierge, primary care is what I've been doing for most of the last dozen years or so in my private practice. Yeah. Okay. So, Marty, you joining marketing that allows you to expand the offering like you so they can keep doing that.

Concierge, you are the primary coach or the health advisor that might work with me to understand my situation. And then together we would decide, gosh, we should go see this other specialist.

We should see an oncologist. So we should see maybe there's a surgical thing we need to look into. And then you also, through Marcie, have these deep dive where you give someone three months of very involved analysis, a lot of testing, almost a evaluation, and then they would have much more information to go back to their existing primary care doc and manage it themselves with, of course, to ability to come back to market at a later date.

Yep. Yeah. We have people that like to just do their annual check in on users more. As a specialist, I think about myself as more of the quarterback right.

We've got a whole team, including our health coaches, our specialists, our radiologists that are reading our imaging

reports, etc. of course, you and your family are the center of the team.

So really my job as as your, longevity concierge doctor is to serve as that quarterback and help line up. Who are the other players on your team, and how are we going to make sure they're passing the ball back and forth appropriately?

Yeah. Okay. Excellent. And then let's talk about where people should best engage with this specialty or this part of medicine. So is there an age range where people in your 30s or 40s or 50 is your 60s?

I'm 53 that they should really get involved, or maybe any age is fine, but they'd be different protocols. What's the how does it affect ages? Yeah, there's definitely different guidelines on what preventive screenings are appropriate, but what phase of our life?

I would say on average, most of our clients patients engage with us in their 40s and 50s, right when we're just starting to get old enough to feel some of the aches and pains.

Right. The knees aren't functioning as well. Maybe there's been some alarming things on a basic screening lab panel, cholesterol or blood pressure or something like that.

Or maybe there's been a scare with a friend who's gotten a cancer diagnosis or something. Yeah, I know for me, sorry to interrupt. I know for me that I think I was 43 when I went into my primary care doc and said, I think something's wrong with my knee.

I, I used to run every day, ran. I did a lot of jogging and running and I said, I think something's wrong. I might want to see an orthopedic. Oh, and his response was three over 40.

Now you just can't run anymore, right? That was really sad. I was not pleased about that, but I can tell you, I didn't know you. I didn't know who to call.

And of course I am aging, but I think there there could be other strategies where you could keep running, but you might have to alter your diet. Or for me, I've started doing much more stretching and core.

And then I found that I can run further without hurting because at least my Pilates instructor thinks that my posture is better. So yeah. So when you get that first initial, sign that you're getting older, that's when people start looking for other solutions and maybe come into a market or so.

I mean, that's certainly the most common entry point. And it's a great entry point. When we're in our 40s and 50s, we still have so much vitality and regenerative capacity that we don't necessarily have to lean on some of the more advanced regenerative tools like exosomes or stem cells, which I have injected into my knees.

Many times in my effort to remain a runner. The earlier we start that path of prevention and optimization, the smoother the ride to the second half of our lives is going to be.

Okay. And then how do you think about disease states? Are there particular disease states that are very amenable to these treatments, cardiac disease or cancer or neurological issues?

Diabetes. Are there things that you would say really fit well with this, or is it more of, lots of things can be assisted? I mean, that is the beauty of taking a root cause approach is that it can improve the peripheral symptoms pretty broadly in terms of what we've demonstrated conclusively in the data, reversing cardiovascular disease is very accessible reversing cardio metabolic disease, diabetes, very accessible.

One of my colleagues just published her book on reversing Alzheimer's disease, with a 74% success rate across a cohort of, I think, about 30 participants.

Yeah, pretty advanced dementia to reversing diseases is very, very much within our reach. And we can also look at

the costs that say it's the health system and all sorts of other things, but it comes with some investment, both mostly in terms of personal willingness to change some things in the lifestyle.

Right. Whether that's working a little less or drinking less or exercising more or any number of things. Yeah. Or even exercising differently, like I've found when I passed the 40s, I can no longer just run every day, 5 to 8 miles after variant more.

And that's probably better across training and healthier overall. But when you're younger, you don't have to worry about those things. So there's maybe a variety of interventions that are both behavioral.

Maybe there's like supplements or other things you can add in based on what you're trying to achieve. Exactly. And doing some of those things that replace some of the things that do decline as we age.

For example, our hormones or, our stem cells or our collagen, our knees, our connective tissue. So regenerating some of those, those supplies can really help the body repair and and heal.

Yeah.

How Maki Health Works

So you've mentioned a couple times one of the things that I've been honestly pretty surprised, pleasantly surprised about in the last 60 days is I've started to look into this is there's a significant amount of, research and published research and studies that are validating this.

It's not, your opinion, although certainly you have opinions that there is a pretty good body of research into these interactions that this isn't. Let's put in some exosomes and see what happens.

There's lots of studies and and people can you can point to others can do research. It just takes a little bit of work to dig into it and find it. The traditional health system, they're busy, so maybe I don't want to put blame anywhere, but they don't necessarily point to these studies as often as maybe they could.

Yeah, the E. R. is not the right place for that. Conversation needs to happen a little sooner than that. But yeah, I, I'm a strong proponent in educating, my patients about the research and helping them sift through what's on PubMed or what's out there in the popular literature and figuring out, is this a strategy that's going to be potentially appropriate for them?

Yeah, yeah. Excellent. And then let's talk about, income level and costs. So I believe most of these tests are self-pay, but maybe there's insurance coverage for them.

What is the reimbursement environment. It's mixed. We do use labs like Cleveland Heart Labs and LabCorp and quest for a pretty in-depth general workup.

Depending on your insurance that'll be covered per your deductible or whatever your arrangement is with the insurance company. There are cash based labs that I use to just because it takes the mystery out of that process.

And and whether someone involved in the health care space, what the lab bills, the insurance company is significantly higher than what they bill an individual.

So the individual sometimes the cash price can be lower than the deductible in some cases, not every case, but a surprisingly high percentage of the cases.

That's true. Yeah. So that's one of the things we've done at Maki is our CEO has all of those connections and has worked to facilitate excellent contracts with the imaging companies, with the lab companies, so that we can do that type of testing at a much more affordable, cash price.

But some of the more the less standard things microbiome testing, micronutrient testing, those ones tend to be cash pay. Unfortunately, even things like coronary artery calcium scores aren't always covered by insurance.

So it ends up being a little bit of a mix. A dance between what people have to invest in their own health and and what we can maneuver through the existing traditional insurance system.

Yeah. And so for the audience, what just give a rough frame of reference. What is the gen? Is it a monthly, budget or maybe annual? How should I think about how much money would it cost to do that deep dive or to engage with you as my years just need not.

I'm sure every patient is different based on what you order and what you end up playing, but give people a frame of reference. Is it $1,000? Is it $100,000?

It's generally, what are we looking for? Somewhere in the middle, right? Yeah. Well, marquee Health, we have three programs of entry. We've got one. Our base program starts at about 3000, and then our annual memberships, our 12,000 to 20,000, depending on what all is included.

So that's for pretty high level care. People can definitely get a good workout workup for 2500 to 4500 if they want to do the full in-depth everything, including like a full body MRI and coronary artery calcium score of they're interested in just a blood panel or say they're really young in their 30s.

The price point can come down in those, and that's not for testing. Of course. That's also we bundle it with the health coaching so that people can actually get started with somebody to help them implement my recommendations.

Plenty of time sitting down to really get all those questions answered and develop that individualized plan, because it's not one size fits all by any means.

Maybe is a time intensive process, but the feedback we get most people find it highly worthwhile. And yeah. Yeah. So I mean, I think if you are in your 40s or 50, you're in 60s, an investment, I'm going to call it an investment of 3000, 5000 or even $20,000 can really pay off in you experiencing a much longer health span, being able to do what you love to do, whatever that is.

Play tennis, go on a jog, play with your grandkids, go sailing. I like to hike on a hike, but also I think there's a delay or a reduction in the traditional health system cost of treating these symptoms.

That can certainly save you money over, over your life. So if you invest some now at being more healthy and really catching some of these things and treating them in a preventative or even rejuvenated way, then you prevent a very expensive health treatment later.

That is that or is that mischaracterizing you? No, that's definitely fair. There's lots of data on that. We published, a booklet on the cost effectiveness of prevention about a decade ago.

The data is a little out of date now, but I was just looking at it before we got on this call. And, but the benefits are the audience for that was was health systems trying to get them to improve insurance coverage for this type of care.

And the timeline. The horizon is shorter than you would think. Making that investment in prevention and and reversing basic things, cardio metabolic disease, heart disease really turns into savings, like in 2 to 3 years.

And a pretty, pretty most cases. On the more extreme end, my colleague that just published the reversing Alzheimer's project, they did a cost effectiveness analysis of that.

And as part of the research study, they were able to throw the kitchen sink at these participants. So they got diet changes. They got their social situations enriched.

Longevity Medicine Terms and Practitioner Credentials

They got tons of supplements, they got physical therapy, they got sleep apnea fixed, whatever it took. Right? Yeah. And the cost analysis on that was about $20,000.

And if you think about the monthly cost of memory care, yeah, it doesn't one month, the thousand dollars and a month, all these people are actually functioning better and enjoying life again.

Yeah. That's incredible. So yeah, I'm a venture capitalist. So I typically invest in startup companies. And then we're hoping to sell those companies in 4 to 6 years.

So the return on this investment for, your patients is much faster than some investments. And it's in their investing in themselves and their health and their family's health. And.

Right. You actually get to enjoy feeling better, like in a couple weeks. Right? Right. Yeah. Okay. So let's talk about what you and I were talking before the call with some of the tools of the trade.

When people come in, I know there's some blood tests, there's some genetic tests. What are the common things? Let's give people not that every patient would be unique and you would advise them on their very specific situation, but let's give people a flavor for the type of diagnostic tests that can be run.

Because I think, unfortunately, not many people are that aware of the what's available out there. Okay. Is there is there a visual component to your podcast?

If I do a screen share? Yeah. Can we we have both audio and visual, but probably about a third of the listeners will be able to see it. And the ones that can't should go on to YouTube and watch it through that medium.

And I'll link, we'll provide a link in the show notes as well to some of these assets too. This is a good visual for thinking about, some of the biomarkers that we immediately assess.

So when I think about preventive, longevity deep dive lab panel, the first things that I'm thinking about are those factors that are going to be root cause or underlying to most disease, namely inflammation or oxidative stress, right?

Those words are used interchangeably. And when we have inflammation and oxidative stress, the big things that are impacted of course, are the vasculature and then the mitochondria, which are the places in the cells where we make energy.

So that's what we feel as the aging process is not literally not making enough energy into the mitochondria to stop working so well, or you lose functionality for.

Right. Exactly. Yeah. So when I'm thinking about lab tests, that's just for people that are listening. We're looking now at a cross section of a blood vessel, I think.

Is that right? Yeah. Okay. Yeah. We're looking at the progression of cardiovascular disease from a nice, clean, open blood vessel to, one that's filled with plaque and thrombus, and it's basically becoming obstructed in the situation of an acute MI.

And so we've got different biomarkers that can be measured along the way to help us understand really the stage of disease without an angiogram. So at the beginning or some of the early inflammatory markers, F2, ISO stains, that's going to be measuring some oxidative stress and the proteins of the body oxidized LDL, right.

LDL cholesterol. Most people, remember as LDL being their lousy cholesterol, right? HDL being healthy cholesterol. So the worst is oxidized LDL, which is going to be LDL that has that, that oxidization.

And so it's going to be interacting with the vasculature and having the propensity to stick and damage the endothelium. And then once that starts to happen, we see more global inflammation, things that we can measure with like with a high sensitivity CRP or a said rate, those are fairly nonspecific.

We can measure more precise inflammation like a Milo peroxidase. That's a blood test that tells us if the immune system is active in the vasculature, that's the body in an active recovery clean up mode, trying to like, wall off those plaques and solidify them so that they don't rupture and cause further damage.

And things like LP plate, too. It's also going to be giving us that sense of it. And then finally, at the end of the day, we're measuring biomarkers of acute injury, right.

Do we have high troponin levels because somebody is in a, acute coronary syndrome or having an MI. And so those are the last things that we're measuring on the trajectory.

So that's just thinking about the vasculature. But we can look at a similar set biomarkers before you go on. So for people that are listening there are five markers that you have on the screen here. And they indicate the progression of as car riders, heart disease over time.

Would you screen for all of them or you would start with the oxidation. The f2 iso? PS I'm probably not saying that. What do you do them all at once? How do you we screen for all of them at once, right?

We want to know where somebody is on the trajectory of the disease. We also do an advanced lipid panel so that we can catch some of the genetically the markers of cholesterol that are more genetically related.

We also look at the blood sugar insulin landscape, because that's going to be an independent source of inflammation. So we start with a pretty deep dive on all of them.

Not always the late in stage ones in a younger population, but we want to know the whole landscape. And then we also want to know, is there actual calcification already happening in there.

And that would be done with simple imaging like a coronary artery calcium score. Yeah. So what do you mean that as sorry if the patient has that troponin T I'm not saying that that means the heart itself has been injured in some way.

Is that exactly? Yeah. Yeah, that would be a very negative marker, but one that you'd want to catch. Certainly. Yeah. Exactly. And that's the one where you're after the specialist cardiologist, maybe to the interventional cath lab.

And in that situation stents might be the appropriate prevention. Right. Okay. So these are these all blood lab tests or they're a variety of they're these are all blood lab tests.

And these particular ones all should be covered by insurance okay. So that seems pretty straightforward.

Who Seeks Care and What Conditions Improve

What else should people be thinking about is there I think you mentioned hormone testing testosterone estrogen and so like growth factor. Probably those are blood tests as well or tests for that.

Those are all good to screen with blood tests. Blood is not the optimal way to monitor hormones long term. For example, for putting somebody on bioidentical hormone replacement.

Then I'm going to want a little bit more precision with, say, a urinary hormone test. But blood tests are a good screening place. We can catch low testosterone or perimenopausal changes pretty easily with blood tests.

And and then from there, it just helps refine where we can intervene to give somebody some more vitality, whether that's with supplements that might be precursors to hormones to help your body make your own hormones better.

We use peptides in that space a lot as well, especially in the growth hormone or whether hormone replacement is as appropriate. And often it is certainly by the time women are in menopause and men are in and rapports, we generally all feel better with a little bit of hand replacement.

Right. Okay. And then there's been a lot of press. So a lot of excitement around very early cancer screening. What are your thoughts about that? Is it helpful?

Is it a mixed bag where you get some benefits and some false positive? What what are your thoughts about the early can't? What do you do for early cancer screening if anything?

Yeah, we do a lot. We use the Grail test, which is definitely the hottest, newest, most comprehensive multi card detection test. I use traditional method methods as well, either digital mammograms or more often sending women out for MRI because they're a little more accurate, a little less uncomfortable.

But yeah, the Grail, I think has a lot of promise. Their science is pretty buttoned up. They definitely skew towards a, a false a higher chance of a false positive than a false negative.

Right. You'd much rather yeah be scared rather than miss something. So that's probably the biggest downside is the anxiety and the additional expense of a workup.

If you do find something there, they publish their data over the first couple of years in terms of what their actual detection rate is, it's pretty low.

That's probably some population selection. They're detecting things, I think, about 3 to 5% of the time. So it's a pretty low, but that's probably consistent with the the incidence of early cancers in the population.

It just seems pretty realistic that if you screened 100 people, 3 to 5 or even 3 to 10 will get a positive result, meaning that there's some indication of cancer, and then there's further workup.

Further attention certainly is anxiety producing, but it is worse to not know that you have cancer growing. In my opinion, it's worse and going to follow up and it's not it's not worse a significant intervention.

Then you had a false alarm and it's okay. You had 30 days or 60 days of worry. But right. And it's okay. Is that right? Is that the way it precedes kind of.

Yeah, exactly. Some people don't want to know when if they don't want to know, then I respect their preferences on that. But yeah, when it does come back with a, positive finding, it at least gives us enough information to know what organ system we need to go investigate.

With further imaging and testing. Yeah. And that can be lifesaving. You know, things like thyroid cancers are relatively common. Now, you can detect that in a young person.

And that's one that's very curable and change the trajectory of their life rather than leaving young kids with a parent less situation. Yeah. Yeah. And I don't know that there's been a study, but my my impression is that the incidence of cancer has been increasing since Covid.

I'm not sure why, but it seems like it has been, and so that argues that younger ages might consider this kind of broad grail cancer screening. I think the Grail screening is a great idea for younger adults.

Definitely people in their 40s and 50s. I'm not sure about the correlation with Covid, but certainly over the last 10 to 20 years, I think just our environmental exposures are so much higher, and that's probably contributing to the increase we're seeing in population cancers.

Yeah. Okay. And then do you go into metabolic function and all that diabetes and other metabolic diseases are really sadly growing incredibly quickly.

Do you do you dig into that. Do you have screening tests right. Yeah, definitely. We do a lot not just checking somebody who's say hemoglobin A1, C, but also looking at their in the moment, glucose and insulin.

I'm a huge proponent of continuous glucose monitors. The devices that you can put on your arm and watch on your phone. Have you played with those at all?

I haven't, but, my partner in Jumpstart did, and he learned a ton in 90 days just how his own body processes its glucose and that he should go in a walk or not go to bed right after he learned how he should manage his diet and exercise and living in a way that I think was really helpful.

So that that encouraged me to get I haven't. I'm managing I'm trying to focus on sleep right now, but that's the next thing I'm working on. Yeah, Sleep's a huge one. Definitely.

If you're not getting good quality sleep, overnight with us when we release the majority of our growth hormone. Right. So if you're not getting into deep sleep, you're not releasing growth hormone.

And that's going to have an inhibiting impact on all the rest of your hormones. So often when we can improve sleep, we can dial everything else in. So we use lots of those bio monitors that continuous glucose monitors or rings, Fitbits, Apple Watches, all of that data.

I love it because not only does it give me information, but most importantly, it gives you the live time information to make different choices. Yeah, right.

And that's what mostly our health care comes down to is making a better choice. Yeah. Okay. And then how do you think about genetic testing.

Testing, Biomarkers, and Early Cancer Screening

Is there, value in that or what aspect of genetic testing do you typically use? Yeah, MRK we do offer full genome sequencing. And it has been very interesting and game changing for a number of people.

We look at those SNPs, a single nucleotide polymorphisms, because those ones are very useful for for helping to dial in where we can make really nutritional changes.

One area where we look at the SNPs a lot is in the area of methylation. There's a number of genes that control how efficiently we methylation, which impacts how we read our DNA, how how the whole epigenetic coding is put together and then changed over time.

If you're not methylated correctly, it doesn't function very well. Yeah, exactly. Exactly. So I find that type of testing can be really helpful to dial in somebody's individual, nutrition and supplementation.

And yeah, okay. Anything that we missed as far as the tools of the trade or things that are your most important go to, I would say the rest of it really falls into choosing the interventions that we do after it.

We haven't touched upon anything Mind-Body related, but I do think it's important to help people find and cultivate things that get their brains and out of the racing mind that we normally have, and into some of those calmer states, whether that that's guided meditations or like type of exercise, like yoga or walking on the beach or prayer, there's a lot of, yeah, what you can get out of that fight or flight, chronic stress situation or body reaction into a more relaxed, sympathetic mode.

Yeah, exactly, exactly. And that helps everything, right? Right, right. Okay. Now I'm personally very interested in heart health. I set a goal to end heart disease by 2035.

Really? For three reasons. One, it's the number one killer of people in the US. And really in most developed countries. Secondly, I think early screenings are not very expensive, don't have a lot of downside.

And if we catch heart disease early, the traditional health care system has lots of tools to assist patients in managing heart disease. If you catch it early, and obviously the tools are less effective if you don't catch it early.

And I think it's possible. We need a lot of patient education. We need a lot of effort in getting screening earlier, getting access to folks. But I'm optimistic.

I think we could knock heart disease out of the number one place as the killer of humans. And I have heart disease. And so selfishly, I'm interested in digging into it because of that.

In your experience, how treatable is heart disease? How realistic is it to think that if we got education early screening, better interventions, we could knock it out?

The number one, cause of death? I think it's certainly doable. The interventions are there, whether it's getting people to the cath lab quickly or using innovative things like chelation or phosphate alkaline infusions.

I do a lot of those in my practice plasma exchanges. There's all sorts of interventions that we can do in just better cholesterol management, right. Better blood pressure management, where I would like to share your optimism and enthusiasm is whether we have the willpower to put in the efforts on the lifestyle front, right, to be active for 30 minutes every day no matter what, and choose to eat a more balanced, vegetable rich diet and not rely on fried chicken and fries.

So I think a big piece of it would be really involving changing our food system and our transportation system and making our environments more conducive to health, because right now, the the easy choice is to walk into a 7-Eleven and get a meat stick and a Slurpee, right, and drive to your next destination.

Yeah, yeah, I think that that's fair. I, I'm a venture capitalist, right? So I typically invest in early stage things that don't really are not effective yet, but there's hope that they'll be effective.

And that's how my approach in this, that I have a belief that's not at all validated. And so I want to say that upfront because you're a clinician used to scientific validation.

But at least for me, and it's a data point of one. But once I understood that I have heart disease, I was much more attentive to my diet, exercise, sleep, and something like a calcium score.

If it's not very expensive, I don't think there's that. There's a little bit of radiation, but it's fairly minor. And it's just for instance, if we gave it to anyone who was 35 or older, right.

My belief is the result of the calcium score should be you have a zero calcium score, and if you're 35 years old and you don't have a zero calcium score, there is something that needs attention.

You get. That means you have plaque in your veins and arteries that has been sealed over with calcium, which is the helpful step the body takes, but also is indicative that your arteries are hardening.

Your arteries are beginning to be damaged. Yeah, I think absolutely getting that type of information to a younger population that should have some motivation to stay healthy, to be around for their kids, their families, their careers, whatever motivates them.

I think it's I think your goal is 100% reachable for those that that want to try. And yeah, but that's right. So if they if let's just say someone is 35 and they get a calcium score of 20 or 40 or 50, they should now talk to you, talk to a cardiologist, get better treatment, get more treatment, maybe get on a statin, start managing their diet, monitoring it more carefully.

And now we would catch the escalation of heart disease much earlier because it's asymptomatic is the part of the issue. People don't know.

Heart Health, Prevention, and Getting Started

They are slowly building up this disease in their veins and arteries until they have some event, or until they are 50 or 50 5 or 60, and their LDL cholesterol scores go up right until it's pretty progressed, right.

That's not like getting that early intervention. And do a younger population would save the health system so much money on those late stage interventions.

Yeah, it would save money and it would lead to much better public health across the entire population. Now, if you get a negative calcium score, meaning you have early heart disease, and then you choose to do nothing about it, and you keep going to 7-Eleven and getting the, what do you call it, the stick of meat that is not that healthy, then that person probably won't see much improvement.

But now we're talking about personal choice, and I think we're in America. People can choose to be unhealthy, but it would be good to at least have awareness around that.

Yeah, I'm this is why I'm in this space. I'm a huge fan of data, right? Knowledge is power. When you know what's going on, especially with your own health, then you can be empowered to make different choices.

And you might not need to make those choices every single day, right? Everybody gets a cheat day to go out and have a burger and fries and go, does it have to be 100% on all the time?

But when you know your numbers and your data, then you can choose how stringent you need to be with your choices. Yeah. So do you have any stats of the prevalence of your psoriasis in 35 year olds?

It's not very low. You would think it would be low because they're young. But with the diet we have, I think there is a, percentage of the population that has heart disease pretty early.

Yeah, I don't have that statistic off the top of my head, but I know it's a moving target, and they're seeing some of the early cholesterol streaks even in elementary age children now.

So it's definitely an issue that's hitting a younger and younger population. Yeah. And you don't have to be morbidly obese and experiencing physical symptoms that you feel to have your psoriasis in your veins and arteries and begin having the long term effect of the disease.

I think that's there. Yeah. Yeah, yeah. There is a reason why it's the number one killer, because it's largely undetected. Yeah. It's undetected and accrues over years or decades.

And so the idea is to try to catch it early so we can begin putting these interventions in place. So, so exciting is there. Yeah. Yeah, I think it's I'm going to keep working on it.

I, I've just started talking about it. This is my third podcast focused on, health and wellness as it applies to heart disease. Let's end with what you where do you recommend someone who's listening right now that wants to learn more about what's available?

Where should they start? I'll put a link to Marcie's website in the show notes. But is there a an article or a book or something that you're publishing, or what's the best place for people to learn more and try to think about their own situation and apply it to to this offering?

Yeah, I mean, there's lots of resources out there. You led with Peter Attila's book Out live. I mean, there's it's on the that's probably the most commonly cited one.

It's a, I don't know, it's whatever list bestseller. Lots of people are talking about it now. And Neil Solid he's got great information, makes it very accessible.

People are interested in some of the more nuanced conversations. I do a lot of blog posts on my website, Doctor Erica Globacom. People can explore some of the organizations that are involved in promoting these more integrative approaches, but they're interested in finding a natural path that doctor, they can do that at Natural Path because if they're looking for a functional medicine doctor, it can be at the Institute of Functional medicine.org.

So those are good resources for finding clinicians. I wish there is a better way to find all of us, but I think you and part of the challenge was what you laid out right at the beginning. Right.

There's a lot of different words for kind of the same. Root cause approach. And so it can be challenging to find practitioners like us out there in the world.

Yeah. So I'll put these links in the show notes so people can easily get to them and really appreciate your time doing this. And I'll just end with there's lots of resources, but I think probably your personal website is where everyone should go, and then they can start there and learn about what you offer and then link out to different places and go from there.

Yeah, that sounds great. Definitely. And definitely keep me abreast of your your efforts to end heart disease. I let me know if I can help you come to reality.

Yeah, I think the first year which we're in right now is really me learning in public and doing, podcasts like this and reading a lot. And I'm experimenting with my sleep right now.

And then next year is going to be trying to take those learnings and bring it out to more people. But I want to be realistic and also self-aware that I'm certainly not a clinician in any sense of the word.

I'm much more of just a interested patient myself, and maybe ambitious and not or disruptive enough to say that I think we can and heart disease, and I love it, you know.

But thank you for doing this. Really appreciate your time. We will link to your website and a couple of other sites in the show notes, and I'm excited to continue the conversation over time with you.

It sounds wonderful. Thanks so much Vic. I really enjoyed the conversation. Okay. Thank you. Have a good day and take care. Bye bye.