Key Biomarkers & Diet: Your Path To Longevity Transcript

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Summit Introduction and Dr. Jaffeu2019s Background

Well. Hello, everybody. Welcome back. Reversing heart disease naturally summit 2.0. Don't go anywhere. Get out your notepad You saw him last year. He's back this year because literally he could do a summit for day after day after day as a fount of knowledge.

Dr. Russell Jaffe And that's not just M. D. He's got the distinction of M. D., Ph. D. and actually many, many other titles, including CCN, which is in nutrition certification.

Founder of a one might argue, the finest vitamin company supplement company perqueintegrativehealth.com but Perque is a funny word to you P E R Q U E and I've never asked Dr.

Jaffe where that word came from. Maybe we'll do that just for fun. He's published more than 100 articles on the prediction of health and prediction of cardiovascular health, board certified clinical pathology and chemical pathology.

He's won many awards like the Merck Sharp & Dohme Excellence in Research, J. D. Lane Award, USPHS Meritorious Service Award, International Scientist of the Year 2003.

That may seem like a long time ago, but this man keeps very sharp, very fresh. And one of the topics he excels at, and we're going to pick his very large brain today, is on biomarkers of health, and many of them are biomarkers, are cardiovascular health.

All of you listening want to know how you're doing and what the next decade might look like. You want to listen to this? We're not going to get through is a very famous eight.

We're not going to get through every one of them if anybody just goes online 8 Predictive biomarkers You'll see a lot by Dr. Jaffe. So welcome welcome. Dr. Jaffe.

Thanks for having me. Thank you, sir. Let's dive in and let's try and hit three right now. Let's talk about homocysteine. I don't think anybody today and on this summit is touching much on homocysteine.

Tell us what it is, how it happens to be elevated. It's a simple blood test. Everybody should have at least one. And why is it one of the top eight predictive biomarkers of health?

Homocysteine as a Cardiovascular Biomarker

Because Kilmer Macaulay in the 1960s and 70s documented that not only did plasma homocysteine accurately done, which means promptly predict atherosclerosis and myocardial infarction and stroke, but it predicted all cause morbidity, mortality, all the things that cause disability and death.

Okay, but it has to be properly done. Most tests are easy to do incorrectly, so you've got to just follow the rules. Plasma homocysteine properly done.

It can quest LabCorp your local hospital? Yes. For example, for example, Quest Laboratories will not process a specimen for homocysteine or plasma homocysteine if it's been more than 20 minutes from the time the blood was drawn until it was spun.

Okay. So hopefully today there are. Today there are today many mobile phlebotomists that carry with them a little centrifuge that allows them to spin the specimen quickly and properly.

Okay. Okay. We have the luxury in my clinic of a phlebotomist and a centrifuge, and I think she reaches that goal. That's not a goal I was aware of previously, you.

Know, but I want you and everyone to be aware of how to properly do the tests so that the results mean something for the person, the individual, not a statistic.

Okay, that's good as you have to do it properly. Now, I know there's been a buzz. I'll just throw this out. There's a very influential business coach, kind of like a Tony Robbins.

He'd probably like that comparison named Gary Brecka And he's been all over the Web lately, no medical degrees that he helped counsel some people. He's clearly read a lot and, you know, know your homocysteine, but you must know your MTHFR gene status.

So now their blood tests that's available are 23 and me and others, I think you don't completely agree on the topic of you must know your MTHFR for those you listening That's a gene test that you can get done and your six, seven, seven snip and your 1298 snip and find out what your parents gave you which can influence your existing.

Do you care about that or not so much? I will quote Dr. Eric Lander, great advisor to the President on Science, Head of the Broad Institute at MIT and Harvard.

Right. And a geneticist. He says if you want to be confused today, do genomic tests because people assume that genomic tests are black, white, yes. No, on off when they are part of a matrix, part of a symphony, part of a ballet.

And he goes on and on and on. But I will stop at the point where the people who advocate these genomic tests do not understand them, period, says Eric Lander and many, many, many others, including Jimmy Watson.

okay. But the other side, the true markers of lifestyle, epigenetics, these eight tests, not 8000 tests, just eight test, turn out to cover all of lifestyle, all of the things you can do something about, all of epigenetics, which is at least 92% of your lifetime health.

Now that's 92% is lifestyle. So what is the de homocysteine level you are pleased that when you get results back. Less than six. Less than six. That's a tough bar for people listening. Well, wait wait Get better and then get better yet and then yet get better.

So I don't I can I can tell you the best outcome go value for plasma homocysteine is less than six and fortuitously mine has been so since I've behaved.

Here is I. Was young, I was young and immortal and then I would whatever. But anyway, for a certain period of time, actually, decades now, I have walked my talk, I have preached less and practiced more.

And I believe that the reason my dad lived to 90 taking no prescription medicines but many supplements and exercising and laughing a lot is something attainable by almost everyone?

Because I have been in cardiovascular research and medicine for 50 years, going all the way back to the NHL behind the Heart, Lung and Blood Institute with Don Frye and Bob Maley.

Bob mainly coined the term lipoproteins. Don Frye is the guy who showed that bifurcation points. Atherosclerosis is more likely to be aggressive and I showed that changes in platelet blood clotting function predicted atherosclerosis years two decades ahead.

Okay so less than six but you know, get better before you get perfect. And do you attribute a reasonable amount of your super low homocysteine to proper supplementation?

Well, first you. Yes, yes, yes. I do think that's that's a safer, bioavailable proper supplementation sufficient to meet certain personal individual needs is essential in the 21st century.

Right. And I will go back to the online self-appointed health guru, but his audience is in the millions. So. Okay, go ahead. And he was going on and on about I brought down a client, a very well-known client, how they followed a homicide sting with tri methyl glycine, TMG.

Do you think that's enough? That's the only thing he mentioned. Do you think that.

Hemoglobin A1c and Blood Sugar Risk

Was a TMG, TMG is one of the 40 nutrients and meaningful amounts that we have incorporated in our Perque lifeguard tabs fuel. That's a novel delivery system that we pioneered.

We have had TMG in our products since 1987. Okay. And roughly and the idea. Right now, I didn't surprise. You. Didn't you didn't surprise me. You pleased me to to point out that we have long been ahead of the curve now.

All right. But do you think TMG is enough for most people? It's going to be a comment. No, no, no, no. Well, we TMG has a very interesting molecules trimethyl glycine.

It's just glycine. Glycine is an amino acid is the simplest amino acid. But if you put three metals, try methyl glycine, you have a metal plating substrate, something that wants to methylated.

If your methylation is low, that's a good thing. What I want is balance in nature. I want to use nature's form of nutrients in balanced amounts in order for metabolism to go correct.

Okay. I think your question is very important. Do not assume that nature or natural products are magic, bullet or drug like they're not right. And I will go on and on about why nature's form is safer, more bioavailable, more effective.

And we know enough to know today what the supplementation is that's necessary for an individual based on these predictive biomarkers and some self assessment.

And we want people to know that they can save their lives and add decades of quality life to living. Okay, well, first say good time. I bring up one other thing because, you know, you know this too.

You can learn from so many different people. So literally this morning, a patient emailed me, Did you ever check my homocysteine? And here's an interesting article.

Of course, every patient I practice gets their homocysteine checked and hopefully within 20 minutes it's spun down. But the article was about lowering blood pressure with lowering homocysteine, and elevated homocysteine can contribute to hypertension in general and potentially refractory high blood pressure.

No, no. We know this is true. Because I found literature that I had previously been unaware of. So okay. So long level. It's called low level D. I see.

Disseminated intravascular coagulation. This was pioneered by Dan Dakin and myself in the 1970s and many, many, many others have documented it since. So the fact that, in essence, if your homocysteine goes up the edge of the blood barriers, like the blood thyroid barrier, the blood brain barrier, the blood kidney barrier, there's a whole bunch of barriers in the body that need to be renewed continuously.

Otherwise you slip down a slippery slope into survival and not thriving. And I want everyone to have enough of good nutrition. It begins in the cooking pot.

That's what Beatrice Trauma Hunter taught me and many, many others. So I want you to have a wide variety of whole foods that you can digest, assimilate and eliminate without an Bourdon.

Okay. Good. Just for the sake of educational expansion, let's go to hemoglobin A1. See, I think the audience has

heard of it. A three month blood sugar average based on your hemoglobin being sugar coated like a Dunkin Donuts.

Not a very good thing to eat, not a very good thing to happen to your red blood cells. But talk to us about why everybody should know that number, why it's a predictive biomarker for lifetime health.

Well, interesting is that Dr. Paul Gallup in 1967 was really interested in connective tissue cross links, and then he got interested in sugars, stuck to protein, and then he developed the hemoglobin A1 C test, 1960 768 and he used to come over and play the organ at Carl's house because they were friends and they were both mentors of mine.

Let me jump to the conclusion. If you keep your hemoglobin a1c less than 5%, you have a better than 99% chance of living the next ten years. Okay. So less than 5%.

Another high. Bar? No, no. You can see many ads on cable that say you can lower your hemoglobin A1 C to seven. I'm not good enough. Right. And a lot of primary care docs and even endocrinologists are okay with that.

Of course, we're talking now usually a type two diabetic and. Now 90% are type two. Actually a little bit more than that today. And it used to be called adult diabetes, except too many kids have now type two diabetes.

Yes. This is something that we studied with two different outcome, six month community based studies, one in type one diabetes, one in type two diabetes, showing that our lifestyle epigenetic management program is better than best standard of care today.

Okay. And any thoughts about why it's such a powerful predictive biomarker? Your hemoglobin A20 what are the pathologies that result from leaving it high.

When when more sugar than is needed? So there's a little bit of sugar that's needed on proteins. They're called glycoproteins. When extra sugar needs to get stuck onto protein to prevent it from gumming up metabolism and killing you because that's what would happen your hemoglobin A1 C your fructose amine your glycosylated proteins all go on now.

All Ghalib was smart enough to realize that it had to be a very simple to make measurement. Hemoglobin A1 C is very easy to measure accurately in serum.

It's been done on every socioeconomic, every ethnic, every geographic group. It's an all cause morbidity, mortality marker and you can promise get to lesson five.

Okay. And if we were to go over to the PERC site, since we're allowed to talk about the brilliant products we make, what will we find that? Well, no. My suggestion for many people is betterlabtestsnow.

High-Sensitivity CRP and Inflammation

com This is a consumer portal that brings together our work on all sides in the service of consumers who want to be healthier. All right. Okay. Better lab test that got.

Better lab tests now. Better lab tests now. I'm sorry. I apologize for the long name, but it's better lab tests. Tests now. They're lab tests now. As in right now. That com.

Okay. I'm sure a lot of people after the lecture don't don't go away. Exactly. You got plenty of time to go over thereafter. And let's tackle one more because we've got, you know, some important goals.

Let's talk for a minute about one that has really created a lot of interest, which is high sensitivity, C-reactive protein. What is it? Is there any particular education you want to give us about how to test for it?

And what the heck can we do about it? What's perfect now? Well, high sensitivity C-reactive protein is the measure

of inflammation, which is really repair deficit.

This was put on the map by refined red cur with the help of Mass General and Harvard, etc. and I've known about it for 25 years. It is there are many, many measures of inflammation, different phases and different times, and they're all interesting.

But the one that has stood the test of time is H. S CRP, not the old fashioned CRP. High sensitivity crp hs-crp. And it should be less 1.5 less than 2.5 means you are able to do repair and defense in your on your behalf.

Okay. And what is an optimal level since it's a predictor of. The next the best the best outcome goal value is less than point five. Okay. And give us your brilliance.

Some things people can do that might help bring it down. Well, the most important thing is to eat foods you can digest, assimilate and eliminate without immune burden.

That means doing a cell culture test to find out what food sensitivities you might have. If you can't do that, I would just recommend a wide variety of organic or biodynamic Whole Foods in a wide variety of ways.

And if there are certain foods that make you feel worse or you think, well, maybe you avoid them, but I can tell you that history and food, diaries and so forth are very, very unrevealing in the long run, where cell culture is very revealing in the short and long.

Write any prescription options to lower high sensitivity C-reactive protein. Oh, thanks for thanks for asking the yes antioxidants in general. So that means nature's ascorbate.

That means polyphenol looks like quercetin and dihydrate in soluble OPEC. That means buffering minerals like magnesium and choline citrate to enhance and triple the uptake of the magnesium.

Because magnesium is actually an antioxidant that protects essential fats like EPA and DHEA, omega three essential fats in transit, in transport, in LDL transit.

So I understand that the Fredrickson diet heart hypothesis still dominates conventional care. It's been wrong for decades, and the physiologic approach, what we're talking about using personalized epigenetic lifestyle markers saves a million lives a year.

LRA Food Sensitivity Testing and Personalized Prevention

At a minimum, if it was nationally applied, that's profound, and $1,000,000,000,000 could be invested in speeding. The transition from the current sick care model to a proactive prevention model.

Okay. We have a very proactive prevention model yet. Not yet. I'm I'm a grieving optimist like Thomas Jefferson. Well, let's turn we've been talking about a predictive biomarkers for lifetime health.

A lot of these we've already discussed are cardiovascular health, the homocysteine, the hemoglobin agency and the C-reactive protein. But it has to be the high sensitivity C-reactive protein, one that you talk about that as a cardiologist, I may or may not previously have spent much attention on, which is you just mentioned in the earlier section, was the proper kind of food allergy testing delayed allergy tests you call LRA.

But I know there's been several publications just recently linking common food allergies from a huge database, but particularly dairy, egg and wheat to impaired cardiovascular outcomes.

Now, you've been all over this for a long time. Tell us, what is a LRA and tell us why somebody listening might want to go over to better lab tests now and arrange that panel.

So take it away. Yes, LRA means lymphocyte response assay. Lymphocytes are white blood cells that carry

immune memory. They come in a variety of flavors and kinds.

But when you ex vivo, which means just as it happens inside the body, when you measure these cell responses, especially the T cells, but including the immune complexes and differentiating the good from the bad antibodies, you learn a lot about what people should be eating and drinking, and then we combine that with an HQ that's a little acronym for our Health Appraisal questionnaire.

So we ask people to fill out about a ten or 15 minute questionnaire that gives us enough information to make recommendations in addition to the food sensitive many tests what you should avoid and what you can eat, what supplements should you take to repair?

What activities mental and physical would most likely promote your healing response? So we're way upstream in the predictive arena, and we personalize these interpretations, especially the LRA, because we get results that way.

Wow. Okay. Tell us technically, what is another blood? Just yes, this is a whole blood test. And we have to send the kit because you have to use the correct needle.

There's a preparation for four days. You can't do some things for two days. You can't do some things because these are living cells that get to us and we process them ex vivo.

We process them just as they react in the body. Now that's an art that we have perfected in the early eighties. We have over 100,000 cases in our database.

We have over 30 million cell cultures done, and we have the most precise cell culture in the world. Well, that's a that's a statement. And you're testing for not only food allergies, but additives, preservatives, food coloring, mold, environmental chemicals, toxic materials, even reactions to medications, herbs, hairs and feathers.

Right. Absolutely. And we purify all of those antigens ourselves to make sure they are what they are supposed to be. Well, and we have been doing this with a novel microtiter plate that allows us to do a one step enzyme amplified procedure.

Okay. 1983-84. So we are now very confident that our outcome studies in fibromyalgia and type 1 diabetes and type 2 diabetes and our case studies in many autoimmune self attacking conditions in many cardiovascular risk conditions, in many conditions where atherosclerosis or myocardial infarction or stroke is a concern that we have without doubt scientifically, the evidence that our recommendations are better than current standard of care.

I'm going to read a recommendation off your website. betterlabtestsnow.com about this test because a lot of people will relate and this is the quote For six months I had highs all over my body.

I was taking antihistamines and getting little to no relief when I had the LRA by ELISA/ACT test done, I discovered after acting the several ingredients in my fruit smoothies, I was having 1 to 2 times per day.

As soon as I remove these items from my diet, I started getting better. Within weeks my highs were gone. Thank you for giving me relief and a quote. And you know, again, you might say, but what about a cardiovascular summit?

And I knew I was close to the mark, but just recently there's a journal article entitled IgE to common food allergens is associated with with cardiovascular mortality.

And I mean, that's what we're talking about here. And maybe untested is eliminate the food allergy from the diet and we'll have a lower cardiovascular mortality.

That wasn't you know, this was an observational study. But again, milk was very high up here, along with shrimp, peanut eggs and wheat. And that may not be is that an optimal way?

Are not optimal. What, in essence, what we suggest is that you be comprehensive today and personalized tomorrow. This means if statistically it is true that type 2 diabetics are more likely than type 1 diabetics and non diabetics to have a hypersensitivity to cold air.

If cow dairy is a tack and you're sitting on it, I recommend removing that tack. But what about the other tacks you're sitting on? And that's why I recommend a comprehensive LRA cell culture to determine what's going on in your immune defense and repair system and tune it up.

Well. Well, this has been certainly fascinating, has big implications. I don't hear many people talking this language and, you know, supported for years.

But this new, large, well-done study in the Journal of Allergy and Clinical Immunology pretty highly regarded. So we've learned a lot. We've only gotten through four of the eight, but we'll leave it for everybody else to do some self-study.

And one good resource would be betterlabtestsnow.com where's another website that you post on? Well, we do have a website called DrRussellJaffe.com We have a YouTube channel called Dr.

Russell Jaffe (@DrRussellJaffe) And I want folks to know that if they will go to betterlabtestsnow.com and enter the code JAFFE20 they will get a substantial incentive reduction to make them want to have the tests.

okay, JAFFE20. JAFFE20 is the code. JAFFE20, that's very kind of you because I'm sure many people are going to list this and go right on over and do that.

So fantastic. Thank you, doctor. Thank you. Audience Thank you, Joel. I want everyone to understand how many lives you can favorably influence, how many lives you can save through this summit.

So thank you very much for doing it. Everybody's doing their part. We're trying to do ours. And thank you so much.