MVX Plus: The Blood Test That Predicts Longevity and True Health Transcript

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Podcast introduction and guest background

Welcome to the Spectrum of Health podcast. I'm your host, Dr. Christine Schaffner. And today my guest is Dr Darren Schmidt. We're going to be talking about a new test that measures physiology, the effectiveness of your clinical protocol, and predictive of longevity.

So it's super exciting. Welcome to the Spectrum of Health podcast. I'm your host, Dr. Christine Schaffner. And today I am here with a dear colleague, dr.

Darren Schmidt, and we're going to be talking all about new blood test measures and guidelines that track the most important six factors of your health.

So welcome, Darren. i'm so excited to interview you today. Thank you for having me. Really appreciate it. Well, I've always loved your work. I think we both make the cell core circuit often.

We find each other speaking at the same time or I'm learning from you in the audience. And after your talk this year, found you and the exhibit hall and I said, have to interview you.

want to learn more, especially about the work you introduced. So I want the, audience to get to know you, and, you know, learn these new tests and really how we can really make an impact for people, right?

There's so much confusion on lab tests. And if we can really distill it to these six tests, it's just a whole new world, isn't it? Right. Exactly. Yeah.

Well, we were talking a little bit about each other's backgrounds before we got on, but I'd love for the audience to get to know you and how long have you been practicing?

What's your, you know, background, your chiropractor and anything you want to say about the kind of foundations of your practice. Okay. So I started practicing in 1997. I studied nutrition in 1998. And then I really had a big focus on diet and then supplements.

Then Cellcore came out in 2016, 2017. That kind of changed everything because their products are so effective at getting parasites out and toxins. Yes.

Todd Watts, one of the founders, he's the main supplement developer. He's got his five-step roadmap to health. And I've seen a lot of philosophies and theories and ways of thinking in improving somebody's health and reversing chronic illness.

And his made the most sense. I mean, and the crux of it is that parasite, there's a hyper focus on parasites because they harbor all the bad stuff, like lime and bacteria and metals, et cetera.

Then when they, when, they're out, then you're free to start detoxing and free, to go after a lime. And so I took those five steps and I kind of expanded them to include diet and so, yeah, And then the optimization step and stuff like that.

So that's my main background is, well, I One thing I need to say is that I haven't taken insurance in 20 years. So therefore I have to get people better.

How MVX Plus was discovered

And if I don't get better, why would they come and see me? So yeah, I did that for the main reason is it would force

me to become a better and better clinician.

I always like to study anyways. Here we are with this new exciting blood test that kind of validates all the work. Yeah, yeah. Yeah, you have the sense in this application always, right?

You'd hope as a doctor, but it is up to us to stay current and continue to evolve our medicine. I'm always saying we need to find the most elegant path because I know during our careers, there's been so much information now that's out there.

Um, I know it was hardly available on, you know, on the main stage until now, but it's still, there's a lot of confusion in people. There's. Ways to think about things.

And I knew that you have your roadmap to guide people, that we really need to continue to evolve this medicine. I feel that. We still have a layer to.

To evolve, especially where we are in practice now. Yeah. That's right. Which brings us to the MVX, right? One of the things that you talked about, you talk about B1, which I use in practice and I'd love to pick your brain about.

But you really introduced this index of six factors that really are predictive of longevity. And so why don't you share with the audience, like, how did you even come across this and how do you find this test to bring into your practice?

Okay. So the test is called MVX Plus. It's MV X stands for metabolic vulnerability index. I found it a year ago, so May of 2024. And it was, it, was a introductory video on YouTube and the speaker was Dr.

Bill Cromwell, one of the developers. And I watched that video and I was like, wait a minute, what is he talking about? I've really, I watch it like 10 times now.

And he describes the six factors and you put them together. You have to test them through NMR, you know, not the regular other assays, but NMR machine.

They give you a score of one to a hundred and want your score to be low. And they run this on 30,000 people through the NIH and they track people, you know, when they pass away, they look at their MVX score and look where their six factors are within the MVIX score.

And then they graphed out what, if your score is 50, or let's say if you score 55, you have a 20% chance of dying in the next five years. So then what do you do?

Well, it's made of these six factors, so you just improve these factors. And it just turns out that in my career, the seven steps that I came up with, with Todd Watts' help, It exactly matches the six-factors of MVX.

and there's no drugs. You know, there's no miracle pill, miracle chemical. You have to work at it and it's basically comes down to detoxing your body, cleaning it out and then nourish it.

So that's MVX. And so it gives you scores too with the six factors and the optimal ranges are different than what the reference ranges on the lab, you know?

So I got it released in January, January 6th of 2025. So when I saw this video, I was like, "I need to test this on myself and my patients." So I called up the NIH, the people that were running it and they refused to turn it on and let it be active for the public because, and the most ridiculous reasons, they said they're waiting for consensus.

And they also said, it doesn't measure disease. Like these are two problems, right? And I understand it does a measure of disease, that measures physiology.

And then I contacted another lab and they said they won't turn on because they didn't want to look like voodoo doctors. And, then they called NASA and I called LabCorp and five other labs and nobody would turn it on.

The six MVX factors and what they measure

Finally, just by luck, I got a hold of somebody at professional co-op services and, um, and he answered the question and. I said to him, you know, i'm just really excited about MVX.

And he goes, we have that. I was like, well, I know, which I didn't know. But I said, no, you've run it on 30,000 people, but I can't get it for myself.

He goes give me 15 minutes. And so that was January 6th. So, and as a matter of fact, met him today on zoom for the first time. His name is Dave at Professional Co-op.

In fact, that was like divinely guided, right? Yeah, I think so. I want to go through what the test is and what we can measure before we kind of hear how these six months more or less have gone with having access.

to this test. So it's a metabolic test and you know, it is a paradigm shift, right? It's not a single mechanism than finding a drug and then treating a disease.

This is like truly prevention because we're looking at physiology and, you astute to see physiology changing within our patients and we trust that process and it's more than one variable always for our patience.

And so what are we testing in these six factors? I have it here in front of me. So why don't we go through it? Yeah. The first one being glycA and that's a combination of several factors measuring infection and inflammation.

It correlates with all the other inflammatory markers that we know about. So interleukin-6 and TNF alpha, C-reactive protein, homocysteine, et cetera.

It's a really good marker. When somebody has a high glycate factor, then you have to find out why and test for organisms and tests for inflammation and address it.

Address it like long-term, not just giving antibiotics, but fix the body, fix immune system, detox, whatever it takes to bring the glycade down. Yeah.

So we have glycA, and then I believe the small HDL particle number is next. Right. So this is a lipoprotein measurement. When you go to the cardiologist and they measure LDL and HDL, that's not the same thing.

This is the number of small HDl particles. HD l can be small or medium or large. You want the small ones to be in a high amount, like a great number, of smaller HD L particles, and if it's low, That's a toxicity issue.

I mean, you need a detox. And I figured this out. You know, at first I thought it was a diet issue and I've been on the carnivore diet for years. I got a patient who's a vegan for year and we both had a low small HDL particle count and mine was due to a gas leak at my house and his, he just has an accumulation of toxins and he's doing much better detoxing.

And I have to do his second, you know MVX, but I'm just saying like at, first, I though it's was diet issues. It's not, it is more of a toxicity issue.

Yeah, when I was looking at the other markers, like looking lipid protein profiles, you know, in HDL we're always like, oh, that's a good cholesterol.

And if it goes up in that total number, we've always thought of pesticide toxicity. I found a paper that showed pesticide toxicity related to HDL. So I know it's the inverse with what we're talking about having a high amount of small particles.

But yeah, I see that with lipids and I think there's so much misunderstanding about lipid in our society. Also with the LDL, a lot of my patients on a regular cholesterol panel and then I'll fractionate them with NMR profiles.

The LDLS are often high and I find that can be related to toxicity as well because of the liver and the thyroid. And I'd love your opinion on anything else cholesterol related just to educate people who are still confused out there.

Right. And one of the speakers this past weekend at the Cell Core Symposium talked about that, the, uh, lipopolysaccharides being high from gram-negative bacteria.

That's very poisonous, you know, LPS. Very poisonous and it's carried by the LDL. So your body might make more LDl in order to carry away the toxins of gram negative bacteria and I have a list.

I don't have it handy, but I listed out all the reasons why LD L goes up. I mean, ketosis is one reason, fasting is another, endurance exercise, toxicity, infection.

So LDL is not the cause of heart disease, despite what all the cardiologists say. It'll bounce up and down depending on, and some people have genetics, so it'll go up when they eat meat, it will go down when you eat white bread and candy and cookies.

You know, so it doesn't mean that candy and cookies are good for you because your LDL goes down on it. It's just the genetics. So the whole MVX viewpoint and, you know the small astral particle lipoprotein breakdown, that's the shift that all cardiology needs to go to to have a better understanding of what's going on in their patient's bodies.

Yeah. That's such a good point. Thank you. And then there is this metabolic malnutrition index. What is that? Yeah, so the first two things we talked about, glyc A and small A shell particles, that's the inflammation vulnerability index.

Okay. So, and so this is one of the two indices within the whole metabolic vulnerability. Okay. So now what you just asked about was a metabolic malnutrition index.

That's about malnourishment. And then there's four factors under that. There's a bunch of math. They get numbers and they do math and then they give you a number for all three indices.

The MMX, Metabolic Malnutrition Index, is the third index Okay. And that would be like lack of nutrition status. Exactly. Yeah. Quite specifically B1 and amino acids, the branch chain amino acid and that that can indicate malabsorption, you know, digestive issues.

and of course B one is endemic. A lot of people have B 1 deficiency. So yeah, that's all exciting. It's an exciting topic for me. yeah. it's exciting because in our field, You know we're in nutrition.

What test is there for malnutrition? Right? Like there hasn't really been one and now we have it. And it's a new concept in my field, in practice, and I've told people in the last couple of months, hey, you're malnourished.

What are you eating? How's your digestion? Does your stomach hurt? You know, that kind of stuff. Yeah. I think one of the speakers said, I thinks J. Bin said it's like five apples to one apple equivalent of nutritional density nowadays.

Yeah, compared to the past. You have to just eat really good quality food or, you know, augment your nutrition. And then there is a marker of mitochondrial function, right, with citrate.

Tell me about citrates. So citrate is one of the six factors and it is the first large molecule within the Krebs cycle, the beginning of a mitochondrial production of ATP.

And hence the name citric acid cycle. You know, that's the Kreb cycle and so when you have too much citrates in your blood, it means that the citrates not getting into the cells and into mitochondria.

B1, malnutrition, and mitochondrial support

Now on chat GPT, which was wrong, it said that it's a toxicity issue, but it is not. It's actually a malnutrition issue.

And so there's supplements that have all the nutrients for the mitochondria and more.

Right? So there is a Facebook group called understanding mitochondrial nutrition. Oh cool. They talk about the 22 nutrients that the Mitochondria need to function.

So for me to lower citrate, I just give that product, the new product from Cellcore, it's called Core Nutrients. Great. And then B1, yeah, like those two things together.

Right now, that's my best solution for that. It's really simple. Yeah, to lower the citrate to normal. Is serotype the B one you gravitate for the Citrate issue?

No, not really. I mean, it just more depends on their symptoms. Like if they have neurological things and it's TTFD for the brain, body symptoms are the benfotiming and then the regular B1 salt.

That's, I use that for maintenance more for me. Got it. And then I kind of, from my very cursory understanding, I was grouping these amino acids on valine, leucine and isoleucin together with kind what their purposes are in the test.

So maybe elucidate on that for us. Yeah. This is really interesting. Those amino acid are called branched chain amino-acids and they come as a group. On the reference range on the tests, they should be high normal.

So if they're too high, it means that the person is not digesting their food very well. And the best solution for that is actually B1. Right? And then they might need some stomach support, gallbladder flushing, maybe they have SIBO, that kind of stuff.

So fix their digestion. Then if their amino acids are too low, It's the same thing. It is a B-1 deficiency. So B1 fixes a lot of factors. It fixes citrate and the three amino acids.

So that's why I've been saying for, you know, for at least eight months that B one is the most important nutrient for human beings. Yeah. Wow. Here's the connection though with B, I'm sorry, with these amino assets and chronic disease.

When they're too high in the blood. It prevents the liver from cleaning fat out of itself. So now you have a fatty liver, you end up with all the metabolic syndrome conditions.

You get high blood pressure, insulin resistance, high-blood glucose, type 2 diabetes, waist to hip ratio, BMI high. It's a lot from a B1 deficiency. And then therefore it'll bring down the amino acids and then your liver can now de-fat itself.

I'm still a fan of the ketogenic diet because that can de fat the liver. Of course, detoxing can defat the lever. So, you know, it's a holistic viewpoint for sure.

And that's the great thing about this test is like, there's only six factors, but from that you can go down this avenue or down to the other avenue, whatever that person needs.

You know, to fix that number or to fixed the collection of numbers. Yeah. And then all of these numbers that we just shared up, kind of like they're tied up together to create a score.

and that score is a one to a hundred, correct? And you don't worry on the hundred side. You want to be towards the under 50 side, it sounds like. Right.

So the overall MVX score, ideally you'd be in the, the lowest score I've seen is 13. Wow. A retired Navy fighter pilot. Yeah. With all that exposure too.

That's fascinating. And I think there's genetics there because I seen, um, if it, maybe it was his brother or his dad or

somebody, they also had a really good score.

so, so if somebody has a score of 50 or 40. you know, bring it down, right? Even if it's 32, which is really, really good, why not get better? You know?

Bring it done to 30, 25, 20, you, know I've seen it. I just had a patient, she lowered her score 14 points in 10 days. No way. Yeah. Well, yeah. And then, so let me share this too.

So I had just a patients, this is two days ago, on his re-exam for the, with the MVX, his score went up nine points. which is the wrong way to go. And so like, it puts me as a practitioner into the situation, like I better get my act together, right?

And figure out like what am I missing with him? I think I figured it out. I'm going to send him a message tomorrow to change up his supplements, but it.

The patient and the practitioner, you know, in the same like arena of like the, same goal, I should say, get that number down. Yeah. Yeah, did you have a like aha moment about exposure or just not the right supplements he's on or like how?

Yeah it's not for him. It's, not, the, right supplement. I found a more whole food based supplement that should work better. Got it. And then for, it sounds like, you know, B1 is critical and then you mentioned already like the forms of B one and are there like let's say like.

You know. I take the test, I have a score of like 40 and my amino acids are all, you know, high. Would you put me on Benfo Timing? Yep. Put you on benfo timing.

Yeah. And then how much would you put me on? 250 is like usually like the Benfo Max or, you know, they're, I think they are in 250 milligrams. Yeah. So it could be, uh, typically more than 500 milligrams, 500 to 750 milligrams of Benfolk Timing.

And the other thing about that is typically people are done with it in six months, so you don't take Benful forever. If you want to do, if you wanted to be one forever, then do the B1 salt.

the thiamine hydrochloride, citrate, B1, everything B one. It sounds like everything in the MBX could be benefited from B. Well, definitely the MMX, the metabolic malnutrition index.

So it's only been out for four months. somebody could go on B1 and their whole score goes up and everything gets better. I'm sorry, the whole school goes down.

Yeah. Everything gets because B one fixes the mitochondria, which is what we're all about. When the Mitochondria work well, you're detoxing, your immune system is strong and you are digesting well.

And so, I can see how there can be some home runs with just B 1 and then other people, they're going to You know, they're more of an adventure, let's say, with more supplements, you know?

Using MVX for patient tracking and retesting

More detoxing, more immune system work. Yeah. What was your highest score you saw so far? 78. And she has metastatic breast cancer to the spine, and it's not good.

Oh, yeah. It could be, I'm sure, like, in the cancer context, right? It can monitor, uh, progression of cancer potentially or… Yeah. Yeah, and then in my top five worst scores, one of them is rheumatoid arthritis, very severe.

Another one is, um, athlete who works out every day, uh you know, multiple times a week, runs multiple, times-a-week, weight lifts, but she eats sugar and yep.

And so when I called her up, to send her the results because they don't have her email address. I said, Hey, I need your email. Address. Got this NVX test.

And she goes, is it terrible? I set as a matter of fact, it is. She goes and she does that. Her score is 69. Well, she says I've been in the hospital for three days.

They got blood clots in my arms, my chest. He's got one under her jaw, all the way to her armpit. And so, and I've been seeing her for 10 years. Every time I see her, I'm like, how's your diet?

She doesn't want to talk about it because you eat sugar. So on the phone I was like okay, you're off sugar now, right? Forever, for the rest of your life.

No more sugar, she's like yep. Yeah, so just, the high score, if you have let's say 20 people with a score of 50, You can have all kinds of different diagnoses.

It doesn' matter what the diagnosis is, cancer, heart. you know, autoimmune or just fatigue or depressed or whatever. The symptoms, yeah, the symptoms are what they are.

And then the diagnosis is a collection of the. But when you get to the physiology, you look at, how's their inflammation, infection, malnutrition, toxicity, digestion, like that's where it's at.

You're just healing the body, right? Regardless of whatever the disease is. Yeah. What's the earliest you would retest somebody? Well, this one woman, she did it in 10 days because she was excited to get it done again.

So typically it's every four weeks at the beginning when somebody is on a program. Yeah, so it is quicker than like a hemoglobin A1c, right, which is three months.

And it was very inexpensive. Which is great. I mean, there's There's a trend, I mean, there's been a train for a long time about longevity and prevention and screening.

And now there is like the whole body MRI score, technology and all these different direct to consumer screenings. But this seems like a very, it feels very elegant and it's very simple, but it actually highlights a lot of the ways humans function or malfunction.

Yeah, definitely. Yeah. And then what's your score now? What are you hanging around? My score is 29. It was 55 in January because I had a gas leak at my house and then it dropped four weeks later and it went up to 39 because they had sinus infection and four week ago it was 29 so my next blood draw is in three days.

Yeah. Keeps you honest, right? Totally. Yeah, it's the proof. And I had a patient, a totally new patient. I was talking to him this past week and he's kind of like nonchalant about his health.

His wife dragged him in. And he had a stroke like five years ago. And I said, yeah, like this MVX score needs to be retested to make sure that you're honest and I'm honest.

Cause he was eating tacos and bread and stuff. Yeah. He got it. he understood. It's like, Yeah, it's a good idea. Like retest to makes sure I am getting better.

So he suddenly became not from nonchalant to serious about it, you know? Yeah Especially like in this, you know, industry where there's a lot still, a lotta different ways people can go with medicine to make people kind of change and reverse illness.

And so this is, yeah, this a good litmus test. I think we have a lots of markers that help keep us knowing we're on the right track, but there are sometimes a little bit you have to look at the pattern or you know, kind of like the interpretation and yeah, there's like, this is kind black.

This first thing I've seen is like black or white, you holder or hang her hat on rather. So I'm excited. I've excited you to use this. And I think it's, you know, definitely something I want to learn more about.

Do you have any like critics, people saying, oh, that's not the right, there's loopholes in this or, I have a good score, but. You know, I have these horrible tests here or do people kind of, have you seen any of that yet in just the construction of the test and people evaluating it?

I've not. Yeah, that's good. I mean, it could be that nobody's looked into it deep enough. Like I'm sure I am the one that has looked at it more than anybody else and I know more about it than the people that developed the tests.

And I talked to two of them and then I told them some things that I had no clue about. Oh, that's so cool. And they probably, did they get their tests done?

Cause they, it wasn't available, right? Or maybe they got it in the research they were doing. I don't know if they did their test or not. They did do a series of two tests at Duke University, one on statin drugs, which did not lower MVX.

Critiques, validation, and where to learn more

Yeah, surprise. And another test on exercise for eight months, they had a control group, light exercise, moderate and heavy exercise. and it did not lower MVX.

Right? And I told this researcher when she told me that on the phone, I was like, yeah, totally makes sense because exercise is not part of my seven step blueprint that I created in 2018. Neither are statin drugs.

There's no drugs on my seventh step Blueprint. And there's no exercise either. It doesn't go deep enough. You have to fix the physiology by detoxing. So exercise is not deep.

Yeah. Exercise is a nice lifestyle choice. Is not going to. Fix your physiology on this level. Right. And like when I had the gas leak and my score was 55 and I felt terrible.

There's. No exercise. I didn't want to do it. Even if I did, it wasn't going. To help. When I. Had mold in 2016. You know, like I went online and somebody said, well, if you have, you know I had anxiety and, and he said online, You have to exercise through the anxiety.

It's like, no, that's not it. Sorry. Yeah. The mold folks, they can also, I know there's a time when people get out of mold and there is still some confusion of, what's better, What's Not.

So this could be a great test to get people to trust their body again to after a mold exposure. Yeah. And yeah, our line folks. Well, I'm really grateful for all the work you did.

I know this was like a labor of love to figure this out and to bring it to, you know, get somebody to to market and have this as a clinical tool. So we're all very grateful and for your hard work.

Thank you. Yeah, of course. Team effort, right? But you're leading the charge here on this. Darren, is there anything else you want to share that's on your heart before we wrap?

And please share where people can find out how to work with you or learn from you and all of that great stuff. So what I want share is that we have a million medical doctors and Well, 80,000 chiropractors, you know, we have a lot of practitioners in the United States.

Everybody should be running MVX. Even if they're a plastic surgeon, they should running it, to monitor their patient's health as they get better from the surgery or whatever they had.

So that's my goal is to get as many people running. And the best way, um, learned from me is, well, YouTube is my main platform, but I'm setting up trainings and, So you can search me out on the internet.

You know, I have my office website. I'm working through another website called Power Nutrition Practice, and I am having doctor trainings through powernutritionpractice.com.

And then I, for this podcast, have a link to learn more about NVX. Yeah, click on that link for that. Awesome. Well, we'll have that available alongside this Podcast.

and i'm so grateful for your time and thank you so much for all the great work you're doing in the world. Welcome. Thank you for having me.