The Must-Have Test To Spot Hidden Heart Risks Early Transcript

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Introduction and Guest Welcome

Everybody listening? Reversing heart disease. Naturally. Summit. This is a great session we're having. So sit down. Please pay attention. Take some notes.

I'm introducing Joseph, and, a lot of people. Come, Joe. Somebody I've known for a little more than a decade. But honestly, I don't know his backstory, but I'm going to tell you why he's even here.

He owns what I feel is the premier company that offers a cardiology test, a vascular test called CMT carotid intimate medial thickness test. He's a one pony show.

He does one thing really well, and it's something that is really important. So I'm enthusiastic and something that I've incorporated in my practice for nearly a decade now, because that's how long I've been open at the center.

So, Joe, thank you for being here. Thank you. Happy to be here. You're beaming in via the wonders of, you know, digital imaging at all from Utah, correct? Yes.

Bountiful. Bountiful. Oh, I remember. Yeah. Where is Bountiful in relation to the better known Salt Lake City or some. Other thing that's North of Salt Lake? Okay.

Very good. Are you born and raised there? There? No, no, I started out in Massachusetts. Okay. And, did that, chase the girl out to Utah after I went to Argentina for a couple of years to do some service, and, got out of college, and I wanted to help people.

I wanted to do something useful. And the finance degree, the marketing degree did not really serve me for anything, but, there was a guy who was into ultrasound.

He started the first mobile companies back in Vegas. Really good guy.

How Carotid IMT Testing Works

And he he we were doing the fin fin thing where we were looking at heart valve damage caused by that weight loss drug, FinFET in the early 2000. That was winding up.

And we're like, what's next? And I had my business degrees and I thought, all right, let's look into what are the baby boomers want. And we dug into the research, and it turns out that the FDA has used the carotid intima media thickness test since the 80s to evaluate the statins.

Lipitor, Crestor received that all those drugs use carotid IMT as the baseline. And there's not just a couple studies. There's billions of them, and they relate carotid IMT to blood pressure pattern size of cholesterol, cholesterol, cholesterol, all the variants of cholesterol, weight metabolic like it's it's it's the test.

Anyways, nobody's using this clinically or very few were at the time. And we decided to make a run out of it that a lot of people want to show their patients the plaque in their arteries.

They want to show their patients a compelling reason to get on the medications, because cholesterol is not very motivational. If people's cholesterol, they just don't get off their butt.

But if I can show them some plaque in their artery. This is my favorite model of the carotid. It's one on each side of the neck and there's layers. There's the soft, thinner inner lining, the intimate media.

It's alive. It breathes, it exchanges nitric oxide with the blood. And I can map where all the plaque is. So we've been doing this for a while. And when I started, the ultrasound machines were the size of a refrigerator.

They go into the back of an astro van. We load them up, drive around the country. Then these smaller ones came out the size of a big laptop, like right here.

And then the latest version are these little probes that plug into your cell phone, and they're now training doctors to do, a sweep and a couple other pictures.

Very simple to do. And they can offer this to every patient in real time. And, my endeavor is to become like an app store for these ultrasound probes, because ultrasound is just a little too tricky to use without any education.

So you got some help. It's a fantastic tool. You tool to use in your clinic for others. So how many years has it been? I've been doing this. I started labs in oh six.

I worked for that other guy for a while. We did good. And then we split off and I designed. I found out I had a talent for designing reports. I like to take a lot of data and try to simplify it in a way that speaks to the person and creates an emotional response.

So patients get something like this where they get a vascular age, they get how thick their walls are in their artery, and we'll tell them where the biggest plaque is, how big it is, give you a number, and then we'll tell you if it's soft, calcified or somewhere in the middle heterogeneous, we call it.

Yeah, we're going to come back to that picture because anybody who's a patient at the Cancer Center for Cardiology 80 and Bingham Farms, Michigan, and thanks to you, even my Florida clinics offer vaso lab.

And that is the name of the company. So labs carotid interval, medial thickness ultrasound. They recognize that report because, that is something we've been doing again for nearly ten years.

Because I couldn't find it anywhere in the state of Michigan. I couldn't find it at the big hospitals, at the university hospitals that the vascular clinics.

You're really on the cutting at. So, we're bouncing around this topic. Carotid intimate medial thickness ultrasound, CMT. Basically, I just, pipe in my perspective, you know, if you want to look at arteries, maybe you familiar with this quote, but there's a famous European vascular specialist named Ernest Schneider.

I said, if you want to predict the development of atherosclerosis in an artery, look at an artery, image it. If you really think about it, how many cardiologists and internists managing cholesterol and diabetes and blood pressure, all diseases that puts you at risk for clogged arteries.

How many actually look at arteries and their office patients? And the answer is hardly any, unless you're doing a CMT that's very precise or maybe going to the heart with sophisticated CT imaging.

But now we're crossing the channel into radiation studies and high cost studies, and they're wonderful studies, but they are different. So tell us a little bit like go back to that chart for a minute if you don't mind that great graphic, which is exactly what the reports look like.

Except I don't have too many people. If I can read right, this is somebody 31 years old, John Doe, who has a vascular age of 16. Tell us about, you know, that term vascular age as you understand it.

I mean, so this 31 year old isn't really from a biologic blood vessel age.

Vascular Age and Plaque Measurement

They're not 31. They're better than 31. Right? We know the charts. We know the progression rates of America. We

know how that the average person gets thicker and more inflamed as they get older.

If they just follow the standard American diet. And, we just know that they go up. So I will look up the number that we measure on yourself. And these numbers are very trackable.

I measure it five different measurements, five different measurements on each side. It's a good. So this patient's point about half a millimeter. And we look it up on the chart and they get a vascular age of 16.

So that's just inflammation. And the biggest contributors to the vascular age in the IMT is metabolic issues. Too much sugar floating around too much insulin floating around your body and unprocessed.

So that's the vascular age. And then as far as arteriosclerosis or atherosclerosis will tell you where that plaque is, how big it is. And the science is, is that if I can find a plaque in your arterial, your, your carotid, there's a reflection or a similar sized plaque, similar consistency, similar density, soft, calcified or mixed, in both.

And so a lot of patients will get, a scary coronary calcium score and they'll come in to get a look is how much is soft is just a little bit calcified.

Do I have a lot more work to do as the kind of answers you don't get very easily with, one modality. But now we can see it. We can track it. We can give you numbers that you can improve and then your plaques.

Of course, you want to reverse those. And, there's some therapies on the front line about that, that are give me some hope that I've actually started myself.

When you, measure the thickness of the carotid artery. And let me make it clear, because not everybody gets us, the thicker your artery, the sicker arteries.

What I tell people in the clinic. So the more that carotid wall measurement is, the more diseases present. And may not actually be a plaque narrowing the artery.

But it's a bunch of cells or a bunch of calcium or a bunch of cholesterol. A bunch of scar tissue. It's getting thicker and thicker from a disease process.

So when you measure that in this 31 year old, there is a 71 year old, and then you go to a database to compare it to a 31 year old and others. What what is that database?

Is that an internal Vasa lab database? Is that a national research study database? I do have an internal database of about a quarter million patients over the last few years.

But, what I'm referencing here, and it's all listed on the bottom, it's the Eric study, Atherosclerosis Risk in communities. And that was a 10,000 person study over ten years.

And, that's where I get the charts and graphs. America's. Since we started eating a lot of corn sirup and seed oils. We're not we're doing a lot worse, actually.

Right. All right. And then and again, in this example of somebody young and relatively healthy, there is no plaque identified because I'm looking at the right carotid artery.

Maybe point your finger to the part of the chart. There you go. You're measuring in four spots in the right carotid artery, the absence of plaque. But I think I see over in that left carotid artery, even though this is a 31 year old, one of the four spots measured finds plaque and it's less than 20% narrowed.

And I want to comment for a minute. When people get a lifelines screening at a hospital carotid ultrasound. So this is real life America. There are big research studies using this technology, and 18 to 30 year olds, it's called the Cardia study and the Bogalusa Heart Study.

A lot of these young, young people like this, when you're showing already have plaque in their arteries. Those studies were done 50 years ago. So you look at now, like you say, the metabolic disorder we've got in America, more and more people, that we scan in my clinic with your technology, we see young people with plaque.

It's crazy. They weren't born with it. Nobody's born with plaque. You can guarantee that. And like you say, and the point to where you have the largest plaque on this report.

Right up here on the top. Right. So that one spot in the left carotid artery in this 31 year old John Doe has plaque, you're telling us is less than 20%.

You're measuring it to the thousandth of a millimeter, 1.440. And then I know from experience that kind of orange gold box under 1.44 says heterogeneous, which means a mixture of soft and hard plaque.

Right? Yep. That's crazy that a 31 year old already has some hard black, because that takes a little longer to calcify and probably not going away. So this should interest the point.

We're talking about this for this wonderful audience we have at the summit is this is a test you should try to get. And let me, if you don't mind, Joe, I mean, a lot of my patients come to me with their life line screaming that they got a post card from the school or the church or the community center, and they spend a few hundred bucks.

It's not this technology for the carotid imaging, correct? No. They're using I mean, same ultrasound tools, right? Just not being specific. Right. They're using hospital reference tables so you can have up to 30% occlusion in your arteries, something like this.

And they will tell you it's normal to mild. Well how am I going to improve what I think is normal that you can have a lot of plaque if you use those services, and they won't even hint at it.

Professionals, people who really want to work with heart attack and stroke prevention programs, they'll give you the images.

Why CMT Beats Basic Screening

There's not many that do give you the images, but online there's little black boxes where you can click and it pops up and you can print up the pictures and put it on your refrigerator.

And, like today, I read a study out of, Norway or one of the Nordic countries that 88% of their patients over the age of 60 had a visible plaque that they wouldn't argue with 88%.

I've been telling my customers like, you know, 80 to 80%, 70% over the age of 50, 60 will have something I can point to. But that study, it's even worse in Norway.

And I thought their diet was better. Wow. So, you know, the option people will hear about is this lifeline screening they self-pay for. They go to a community center at church.

They're not doing the CMT lifeline screening, maybe a great company. It is not a CMT. You will not get that measurement. It will not be compared to this database.

You just mentioned a very famous research study called the Eric Eric Database. They won't get their plaque measured as less than 20% and 1.44mm. They don't do that.

They use this measurement called a velocity measurement, to predict what may be in the artery and all. But it's, in my opinion, a far, far, far less, helpful measurement.

That's one comment. And number two, you can ask your primary care doctor, your internist, even their cardiologist. Can you send me the hospital and let them do a vascular ultrasound and I'll work out my Blue cross or my

Medicare card?

But they do it like lifeline screening. I can't tell you. How many times are you hitting my forehead in the clinic? Your hospital carotid ultrasound says it's less than 50% narrowed.

Predicted, but less than 50% could be 49 or could be zero. There's a whole lot of numbers less than 50%. And they don't do this. CMT carotid interval, medial thickness measurement.

They don't report the vascular age. They don't report the presence of a plaque size like you're measuring. And they don't tell you if it's soft or hard.

So you really own the field of precision vascular imaging of the carotid. So I want to compliment you. And I can tell you it's just, you know, a radical breakthrough.

Although I didn't know you've been doing this since 2006. And, of course, the literature goes back, like you said before, that the last time I looked, there were a couple thousand research studies using CMT, ultrasound, you know, to assess a drug or a vitamin or a disease process.

So this is nothing you made up. It's, I mean, very scientific and very well accepted. And now what about doing it again, getting a baseline and do it again in a year or two? I mean, what are your comments on all these years of what you've seen and.

Right, I hear stories like today, a guy quit smoking and lost weight, and in four months, his artery, the inflammation went down 20%. That if I could do that for everybody, that would be great.

But every six months is the earliest I would recommend maybe every year, because the lining doesn't change. It doesn't remodel that fast. It doesn't. The fastest I've ever seen was a kid who quit smoking and got bariatric surgery.

And then within a few months, his inflammation went down. A lot of his issues reconciled. But most people, we've got to earn it. You got to diet, exercise, you got to watch your sugars, you got to tune up your body.

And, find what you can from food and natural things. Now, again, I want to stress to this great audience watching you just saw a report that measures your vascular age.

And a lot of you are interested in longevity and wellness and biohacking. And you hear a lot, David Sinclair, Ph. D., and Peter Attia, M. D., and Brian Johnson, the famous venture capital Biohacker.

You hear a lot of people talk about biologic age, but you do not hear enough people. You hear very few people talking about vascular age, dietary age.

And when we know the statistic that the majority of the US number one cause of death and disability is going to be a heart attack, a stroke, bypass, a stent, a sudden death.

Yeah. We should all know our our vascular age. So I don't know, other than your report, you know, there are some ways to use the coronary artery calcium score.

If it's zero, your vascular age is pretty low. And if it's 912, your vascular age is pretty high. And there is a way to actually put a number on that. But, well, this is such an important concept that people, particularly if you're in the biohacking world and you're talking about wrap up mice and, and metformin and, and men and, maybe plasma exchange and you're following this field and you don't know your vascular age.

You really are missing the boat. And we're talking about a low cost test, carotid ultrasound, and certainly extremely safe test. What about the fact that people will listen to this interview and they'll call their local hospital, who won't have any clue in the vascular lab or the cardiology department?

Tracking Progress and Reversing Risk

What are the symptoms? I mean, how big is your reach as a company? You know, I think I text one of your excellent technicians, Michael Ross, a few times a week.

Are you ever in Houston area in Seattle? Yeah, I'm in Philadelphia because my practice is a pretty Nashville practice. But how many, parts of the United States is your company reach?

We. Are in every major city, and we're constantly growing because the price of ultrasound machines are getting less. A lot of these, gals and guys are leaving the hospital to form their own business because the business model is is getting better.

There's public demand to cash demand for tests that are meaningful, that are predictive, that aren't paid for by insurance, necessarily. And so, for me, it's it's I'm very lucky to be in a great position right now where everyone's waking up to the dangers of the medical system as it is.

If you rely on insurance to pay for the things that are good for you, you're probably not going to get all those things. And a lot of people are realizing, if I want to live long and live strong, there's things I should avoid.

There's things that aren't good for me. And knowing which is which is important. I've seen some people respond fabulously to vegan vegetarian diets. I've seen people work on keto diets, and their body responded favorably.

I'm not an either can't particularly, but having the tool to track it and see how it influences your body. Oh well, let me just say in the big picture, I think it's metabolic issues that that caused the problems.

Just corn sirup. Our body doesn't metabolize it as easily. Seed oils used to be engine lubricant in World War two to lubricate the motors. And sometime in the 90s, all the fast food chains in America switched out tallow or animal fat for seed oils, which had makes a lot of people happy.

But in the mice studies, it seemed to, reduce testosterone by 40%. And 40 years later, here we are, America, with testosterone down a huge degree in that as well.

But getting back to prevention, yeah, most of my business are doctors, clinics, concierge, private guys who want to do heart attack and stroke prevention, and they don't want to do it lightly.

They want to know and their patients want to know. And so using this as a tool to track the disease and absolutely and yes, effectively. But a lot of doctors have patients that just won't get on the diet, won't get up off of cat off the couch because they, you know, my it's always my blood pressure is high. I'm fine.

But when they realize that it's adding up and every day that's growing a little bit and getting worse, and you're digging yourself into a hole, right.

And so a tool like this is easily integrated well into any medical office. These probes cost a few thousand dollars. And we can train you and we we help you.

We train you so that you feel confident. Yeah, but if you don't want to buy a probe, we have technicians in every city that'll come to your office. We'll do 15, 20 patients in the morning and in the afternoon, and the next day you'll have the reports to show your patients what they can improve on and why.

And man, when that light bulb goes off over the patient's head and they're they're in. Man. I'm invested. Let's do this. That I think is worth pointing out, worth pointing out for the people listening that, you know, I brought up lifeline screening is a company out there that a lot of people are getting the postcard in the mailbox and have heard about.

That's not insurance covered. That's a cash investment and evaluating your own health. Then I talked about the hospital or the cardiology office, carotid ultrasound that can be insurance covered with a, proper diagnosis, like a

tire loss of vision or, maybe, blurry vision or vertigo or something.

But it really lacks the data that you're providing. And then we get to you what you're doing, and it's not insurance covered. And if somebody is listening and saying, why does why don't more offices offer it?

Why is the concern over contract longevity in Michigan the perhaps the only clinic that offers CMT testing as a routine everyday test? Some of it is the economics, but, it is such an informative eye opening test, as you just mentioned.

And I just for curiosity, clicked on the National Library of Medicine. And there's now actually 5000 research studies, I guess, haven't looked at in a while that, evaluate, CMT in various settings.

So, it's, it's, you know, I like to stick to science when we're talking to people listening to this summit. And what you're doing is a very scientific approach to early detection, serial evaluation, the holy grail of reversal, trying to actually shrink black.

And I've seen so many examples. In fact, I have a wall in my house as of examples of plaque that's shrinking. I just stopped putting them up because I don't have that much wall space anymore.

But it's the real deal. And I mean, it's so great to have this around. And all, the butterfly, that's what that device is called.

Using VasoLab in Clinics

We might have some medical people, medical offices, doctors, chiropractors, Dios nurse practitioner, and spa so they can reach out to Vasa Lab to inquire about purchasing a butterfly and learning how to use it.

And then they can send the report to Vasa Lab for the full CMT evaluation. Correct. It's so simple now that it's all connected and on your phone, there's no putting it on a USB like we had to do in the old days.

Now it's minutes. It's all in the background. It's total transparency. And the beautiful thing is you can send your patient the videos you took, directly.

You can text it right to your patient. And when the patient sees it, it's so motivational. You got something to fight. You got an enemy that's declared.

Yeah. Okay. That is really exciting for anybody that's listening in a primary care field and wants to add, you know, vascular age measurements to their practice because it's huge.

You know, I just feel fortunate that I decided to invest in this early in setting up my own clinic because patients want it too. They asked me, doc, it's been a year.

I really want to know how it's looking inside because I've been working hard and I'll say, you know, a little beyond the scope of this conversation. But there are scientific studies of, natural approaches.

We talked about various diet approaches. You certainly mentioned, you know, work like Doctor Ornish and Doctor Esselstyn favoring the vegan diet. But there are supplements, that have been shown, bergamot that's been shown to reduce plaque.

Natto kinase, natural blood thinners been shown to lower the CMT. Bergamot, berberine maybe repeating, but they're both natural supplements. You can buy candies at the Asian Food store if you want to snack on it.

Try to eat eat your medicine a little more naturally. Yeah, yeah. Yeah. But anyways, I think, you know, we've given everybody a flavor here of, what, a carotid IMT ultrasound.

So, without being completely a commercial today, but, Vagisil labs.com is. That's a website? Yes, sir. I have, I see you, I talk to you. I have been on your website for a while, and, if somebody is listening and they're in Chicago, they could, reach out and try and identify a time that you might come through and be imaging people.

And if somebody is a provider, you can do what I did. Set up a day that you just line up patients and you bring a technician in. I'm looking on your website.

There is a phone number under the contact info so people can do that. And, I'm not sure if there's other ways on the website to reach out, but at any rate, you know.

You connect with every, every modern ultrasound machine. So if a hospital wanted to offer this or offer a prevention clinic or prevention program, it's very easy.

If you already have an ultrasound machine, call us up. We'll give you the back end server codes and we can help you out there. But, yeah, this is for doctors and providers that want to offer a prevention program.

Right? I want to deliver something that's just not standard. That's a little better and a little more thorough than everyone else. Yeah, exactly. So perfect.

I mean, I hope more and more people, you know, do pay attention and say, I want to know my vascular age. And you certainly can talk to your medical team about the coronary artery calcium score or potentially the more advanced, you know, coronary CT program, which gets pricey and involves, you know, I can say.

Beautiful. Radiation, but here is a, you know, zero radiation, 20 minute test, painless. You know, we do this all the time. My clinic. And we do it cheap.

I mean, if you went to the hospital and try to get something similar, they charge you 700 plus, maybe 1500. We try to keep it to like, hundreds of dollars.

We've never charged more than a couple hundred a patient just because we want to make this accessible. We want people to take control of their life. Good job. Sure.

Nice job, nice goal, nice ambition. And, there's such a need. I don't know if we need to start screening 31 year olds, but certainly I always say by 40 to 45, get some clue of your skill or age and your.

Ethics, your hypertensive, your overweight patients, patients that want motivation, healthy patients that are at their father's age when they had a heart attack.

Your uncle or brother, like right? People want to know. They want to be sure we got one life. Yep. Absolutely. So Vaso labs.com Vas labs.com. Go check out the website.

There's a nice instructive video right there on the website that's under five minutes I watch. It's really good. Mr. Jones, founder of the labs. Thank you for taking your time and, sharing this with us.

Stay healthy. Yes, sir. Thank you for your time, doctor con. See if you actually go to Quito on me. Plants, okay? Yeah. Planet Earth for sure. Very good. Thanks, buddy.

Thank you. Doctor, doctor. There.