

NATURAL HEART DOCTOR

TEST DON'T GUESS

The Heart Health Testing Blueprint for Cardiac Longevity

The advanced at-home, blood, urine and stool tests that reveal what's actually driving heart disease — and what mainstream cardiology refuses to order.

DR. JACK WOLFSON, DO

Cardiologist Since 2002 • Founder, Natural Heart Doctor

PART ONE

Why You Need the Most Advanced Testing in the World

A Note From Dr. Wolfson

If your doctor told you your cholesterol was "fine," your stress test was "normal," and your CT scan was "clean" — and you walked out feeling reassured — I have bad news. You've been misled.

Half of all heart attacks happen in people whose standard labs looked perfectly acceptable the year before. Mainstream cardiology is measuring the wrong things, at the wrong time, with the wrong tools. The standard cholesterol panel was designed in the 1970s. CT calcium scores detect damage that has already been accumulating for decades. Nuclear stress tests miss the very plaques most likely to kill you.

This guide is a blueprint for what to test instead. Every test in these pages is comprehensive, root-cause focused, and available to you directly — most as at-home blood, urine or stool collections. No radiation. No hospital. Order online, ship to your door.

50%

of heart attacks happen in people with "normal" cholesterol panels

Why Mainstream Testing Fails You

Walk into a typical cardiology office and here's what you'll get: a basic lipid panel, an EKG, and — if your doctor is being aggressive — a stress test or a CT calcium score. Every one of those tools has a purpose. None of them are early-warning systems. Every one was designed to detect disease that is already advanced enough to be visible.

The standard lipid panel measures the wrong thing.

Total cholesterol, HDL, LDL and triglycerides tell you almost nothing about the particles actually building up in your arteries. Two people with identical LDL numbers can have wildly different heart attack risk depending on particle size, particle number, oxidation status and lipoprotein(a). Roughly one in five people who walks into a hospital mid-heart-attack has "normal" cholesterol.

The CT calcium score is a rear-view mirror.

By the time calcium shows up in your coronary arteries, the disease process has been running for 20 to 40 years. Calcium is the body's attempt to stabilize damaged plaque. It is the scar tissue, not the wound. And the test irradiates you to deliver information that comes far too late to be preventive.

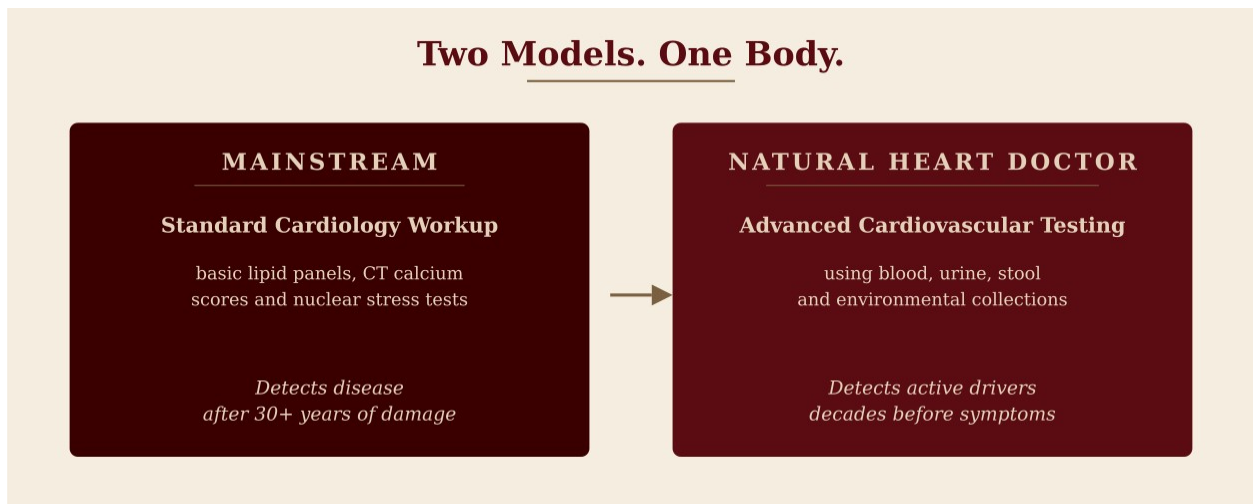
Nuclear stress tests miss the plaques that kill.

Most heart attacks occur from soft, inflamed, vulnerable plaque that has not narrowed the artery enough to be visible on a stress test. You can pass a nuclear stress test on Tuesday and have a heart attack on Friday. It happens every week, in every cardiology practice in America.

The mainstream model in one sentence:

Wait until the disease is advanced enough to image, then prescribe drugs that lower a number on a lab report.

The Natural Heart Doctor model is the opposite. We measure the upstream drivers — oxidation, inflammation, gut barrier function, environmental toxins, nutrient status, your genetic blueprint — decades before the artery has a problem you can see on a scan. Then we use real food, sunlight, sleep, movement, targeted supplementation and toxin removal to reverse those drivers.



What the Most Advanced Testing Reveals

The tests in this guide are not incremental upgrades to standard cardiology workups. They are a different category of medicine. They reveal three things mainstream testing cannot:

1. What's actively damaging your cardiovascular system right now.

Oxidation, inflammation, leaky gut, environmental toxins, nutrient deficiencies — the upstream drivers that mainstream cardiology never measures because there's no drug to prescribe for them. These tests find disease in progress, not disease already arrived.

2. What your genetic blueprint predicts.

How your body handles cholesterol, blood pressure, clotting and medications — done once, valid for the rest of your life. The genetic data also reveals which medications would work for you and which would be ineffective or dangerous, before a prescription is ever written.

3. Whether your protocol is working.

The whole point of testing is the re-test. You measure, you change something, you measure again. That's how you know what's actually moving your numbers — not how you feel, not what your doctor guesses, but objective data tracked over time.

The Six Upstream Drivers of Heart Disease

Behind every heart attack and case of hypertension are the same six upstream drivers. Mainstream cardiology measures none of them directly. Advanced testing measures all six — and once you can see them, you can reverse them.

1. Oxidative stress

LDL cholesterol does not damage arteries. Oxidized LDL does. Lipid peroxides are the direct, real-time evidence of this oxidation, and they predict heart attacks better than cholesterol, better than calcium scores, and years earlier than any imaging study.

2. Systemic inflammation

Cholesterol is not the villain. Inflammation is the fire that converts ordinary lipids into atherogenic plaque. The advanced inflammation panel — hsCRP, IL-6, TNF- α , homocysteine, MPO — reveals the inflammatory load that mainstream testing entirely misses, even when standard markers look perfect.

3. Endothelial dysfunction

The endothelial lining of your blood vessels produces nitric oxide, which controls blood pressure, vascular tone, and resistance to plaque formation. When the nitric oxide pathway breaks down, hypertension and atherosclerosis follow. Advanced testing measures the markers — ADMA, SDMA, citrulline, arginine — that quantify this directly.

4. Gut barrier dysfunction

A leaky gut barrier allows partially digested food proteins and bacterial fragments into the bloodstream, triggering chronic immune activation that drives systemic inflammation, oxidation and vascular injury. Patients with chronic gut dysfunction have measurably higher rates of every form of cardiovascular disease.

5. Environmental toxin burden

Heavy metals injure endothelium. Mycotoxins crash mitochondria and raise blood pressure. Plasticizers disrupt hormones and accelerate atherosclerosis. Pesticides drive

inflammation and disrupt the gut. These exposures are everywhere, and they accumulate over decades. Mainstream cardiology never tests for any of them.

6. Nutrient deficiency

Magnesium, potassium, vitamins D and K2, B-complex, CoQ10, glutathione, omega-3 fatty acids — all are essential to cardiovascular function, all are commonly deficient in modern adults, and none are measured by standard cardiology workups.

The Cost of Not Knowing

Every patient who walks into a cardiology office for the first time after a heart attack asks the same question. Why didn't anyone catch this sooner? The answer is almost never that the disease was undetectable. The answer is that no one was looking for it with the right tools.

The tests in this guide were not available a decade ago. Some of them did not exist outside of research institutions five years ago. The lab science has moved faster than mainstream cardiology has been willing to integrate it, which means the most powerful diagnostic tools in cardiovascular medicine are still essentially invisible inside conventional practices. They exist. They are accurate. They are validated. And they are available directly to you, today, without a prescription, often without a hospital visit.

The patients who use these tests are not looking for an alternative to medicine. They are looking for medicine that catches the disease before it catches them. They are willing to do the inconvenient thing — collect a urine sample, mail in a stool kit, get an extra blood draw — because they understand that the inconvenience of testing is nothing compared to the inconvenience of a stent, a bypass, or a lifetime of pharmaceutical management.

In the next section you will meet two of those patients. Their stories are not dramatic. They did not have heart attacks. They did not collapse on a treadmill. Their stories are ordinary, in the sense that ordinary patients walk into our practice every week with the same constellation of family history, borderline labs, and unanswered questions. What is extraordinary is what comprehensive testing revealed about each of them — and what mainstream cardiology never would have found.

PART TWO

Case Studies

What This Looks Like in Practice

Two patient stories from our practice — names and identifying details changed, clinical findings preserved. Both demonstrate what comprehensive root-cause testing actually reveals, and why mainstream cardiology never would have found it.

CASE STUDY

The 52-Year-Old With Family History

Male, 52. Father had a fatal heart attack at age 56. Total cholesterol 215, LDL 140 — labeled "borderline high" by his primary care doctor and pressured to start a statin.

THE SITUATION

This patient came to us because something didn't add up. He had eaten well for fifteen years, exercised regularly, didn't smoke, and slept seven hours a night. His standard lipid panel was unremarkable. But his father had died at 56 of a sudden heart attack — and his cardiologist had no answer beyond "start a statin and hope." He wanted to know what was actually happening inside his arteries.

TESTS CHOSEN

- ▶ Heart Attack Risk Test — to see if oxidation was active right now
- ▶ Cardio Zoomer Plus Genetics — for the full biomarker picture and genetic risk
- ▶ Toxin Zoomer — given his age and decades of unknown environmental exposure

WHAT THE TESTS REVEALED

→ Heart Attack Risk Test: ELEVATED. Lipid peroxides high — active oxidation in

progress despite his clean diet.

- Lp(a): 145 mg/dL — significantly elevated. A genetically inherited risk factor never measured by his cardiologist.
- ApoB: 110 mg/dL with high small-dense LDL particle count — the dangerous, atherogenic LDL fraction.
- Cardio Genetics: KIF6 carrier — meaning he would have responded poorly to standard statin therapy anyway.
- Toxin Zoomer: elevated mercury (likely from years of fish consumption) and detectable BPA from food packaging.

THE PROTOCOL

Protocol: aggressive omega-3 dosing to lower Lp(a) inflammatory effect, targeted antioxidant support to reverse active oxidation, mercury detoxification, dietary swap to lower-mercury sources. Re-tested at six months: lipid peroxides normalized, Lp(a) inflammation markers down significantly, mercury body burden reduced 60%. He never needed a statin. The KIF6 finding alone saved him from years of an ineffective drug.

CASE STUDY

The 62-Year-Old With Hypertension

Female, 62. Blood pressure 148/92 on two medications. Previously fit and active, recently fatigued. Told by her cardiologist to add a third drug.

THE SITUATION

This patient had been told her hypertension was simply "age and genetics." She was on a calcium channel blocker and an ARB, with her doctor pushing for a third medication. She came to us because she wanted to understand WHY her blood pressure was rising — not just suppress the number with another pill.

TESTS CHOSEN

- ▶ Cardio Zoomer Plus Genetics — full vascular workup including endothelial function markers

- ▶ Toxin Zoomer — given her age and lifetime of unknown environmental exposures
- ▶ Nutrient Zoomer — to identify deficiencies driving vascular dysfunction

WHAT THE TESTS REVEALED

- Endothelial dysfunction confirmed: ADMA significantly elevated, citrulline low, signaling impaired nitric oxide production — a major driver of treatment-resistant hypertension.
- Toxin Zoomer: elevated cadmium and lead, plus mycotoxins indicative of indoor mold exposure.
- Nutrient Zoomer: severe magnesium deficiency, low CoQ10 (likely related to a prior statin), suboptimal omega-3 index.
- Cardio Zoomer: elevated hsCRP and IL-6 — systemic inflammation consistent with toxin burden.
- Genetics: variants in the methylation pathway requiring activated B-vitamin forms for proper function.

THE PROTOCOL

Protocol: targeted detoxification for cadmium and mycotoxins, magnesium and CoQ10 repletion, citrulline supplementation to restore nitric oxide production, methylated B-vitamins, dietary upgrade to support detoxification pathways. Re-tested at nine months: ADMA normalized, toxin burden cleared, blood pressure 122/78 on a single medication that her physician is now tapering. The upstream drivers were never her age. They were measurable, treatable, and entirely missed by mainstream testing.

These outcomes are not unusual. They are the routine result of comprehensive root-cause testing applied with rigor. Until you measure, you have no idea what's actually driving your cardiovascular system — and you cannot fix what you have not found.

PART THREE

Three Tiers of Testing

Choose Your Path

Not every patient needs every test. We've organized our most-recommended testing combinations into three tiers, designed around different starting points and goals. Pick the tier that fits where you are right now — you can always add more later.

Tier 1: The Heart Attack Risk Test

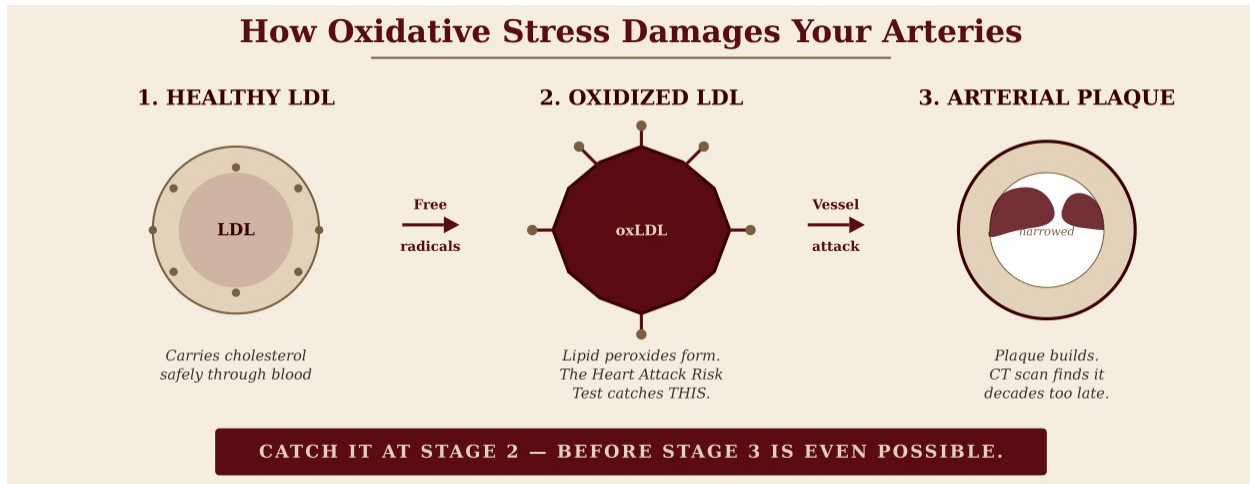
If you do nothing else after reading this guide — order this one test. It is the cheapest, fastest, most decisive piece of cardiovascular data you will ever buy.

Who this is for

Anyone who wants to know whether the disease process is active inside them right now. Everyone over 30. Everyone with family history. Everyone with high cholesterol, high blood pressure, prediabetes, or a stressful lifestyle. Everyone whose mainstream labs say they're "fine" but whose gut tells them something is off. And especially anyone who has been pressured onto a statin.

What it actually measures

This is a \$197 at-home urine test that quantifies lipid peroxides — the chemical fingerprints of oxidative damage to the fats in your bloodstream. Standard cholesterol panels measure how much LDL is in your bloodstream. They tell you nothing about whether that LDL is being oxidized into the form that actually damages arteries. The Heart Attack Risk Test answers the only question that matters: is the damage actively happening, right now?



Why mainstream cardiology won't order this for you

Because there's no drug to prescribe for the result. Lipid peroxides aren't lowered by statins. They're lowered by removing seed oils from your diet, getting daily sunlight, sleeping deeply, eating ancestrally, and taking a small number of targeted antioxidants. The fix is lifestyle, not pharmaceutical.

The logistics

- Order online. Kit ships in 24 to 48 hours.
- Collect a single urine sample. Mail it back in the prepaid container.
- Receive results plus written interpretation from a NHD practitioner.
- Re-test in 3–6 months to confirm your protocol is working.

TIER 1 — START HERE

Order Your Heart Attack Risk Test

\$197 • At-home urine collection • Practitioner-reviewed results

HEARTATTACKRISKTEST.COM →

Tier 2: Cardio Zoomer Plus Genetics

The most comprehensive cardiovascular workup available outside of a research setting. One blood draw. Hundreds of biomarkers. Plus your full genetic blueprint, done once, valid for life.

Who this is for

Anyone serious about understanding their cardiovascular system at depth. This is the test we run on every concierge patient. If you have family history of heart disease, if you've ever had an abnormal lipid panel, if you've been told you might need a statin, or if you simply want the most complete picture available — this is the test.

What it actually measures

- Advanced lipoproteins: ApoB, Lp(a), small-dense LDL, oxidized LDL — the particles that actually drive disease.
- Inflammation panel: hsCRP, IL-6, TNF- α , homocysteine, MPO — the fire that converts cholesterol into plaque.
- Endothelial function: ADMA, SDMA, arginine, citrulline — the nitric oxide pathway controlling blood pressure.
- Plaque-rupture markers: Lp-PLA2, MPO, oxidized LDL — the unstable plaque your stress test cannot see.
- Cardiac stress: NT-proBNP, Troponin-T. Plus ceramides, Omega-3 Index, insulin and HbA1c.
- 100+ genetic variants across lipid metabolism, blood pressure, and clotting — done once, valid for life.
- Full pharmacogenomic panel: CYP2C9, CYP2C19, SLCO1B1, KIF6 — prevents the wrong medication being prescribed.

Why this beats your cardiologist's workup

In a typical hospital workup, your cardiologist orders a basic lipid panel, an EKG, and maybe a stress test. Total information delivered: four numbers and a recommendation. The Cardio Zoomer Plus Genetics delivers more clinically actionable data in a single panel than most patients receive across an entire decade of conventional care. And the genetics

half is one and done — every subsequent year, you're only paying for the biomarker re-test.

Cardio Zoomer Plus Genetics • *Vibrant Wellness* • *Blood*

Hundreds of biomarkers + genetic blueprint, in one comprehensive panel.

- ▶ Advanced lipoproteins, inflammation, endothelial function, plaque markers.
- ▶ Cardiac stress markers, ceramides, Omega-3 Index, metabolic panel.
- ▶ 100+ genetic variants — done once, valid for life.
- ▶ Full pharmacogenomic panel for safe, personalized medication selection.

Order: shop.naturalheartdoctor.com/products/cardio-zoomer-plus-cardio-genetics

Tier 3: The Comprehensive Workup

Everything in Tier 2, plus the four additional tests that uncover the upstream drivers that mainstream cardiology never measures: environmental toxins, gut barrier dysfunction, microbiome health, and cellular nutrient status. The total root-cause picture.

Who this is for

The patient with persistent cardiovascular markers despite a clean protocol. The patient with multiple chronic symptoms beyond the cardiovascular system. The longevity-focused patient who wants to leave nothing unmeasured. And anyone who suspects mainstream medicine has been missing something — because it almost certainly has.

What's included beyond Tier 2

The Comprehensive Workup adds four additional tests, each targeting a different upstream driver of cardiovascular disease. Together they map the full root-cause landscape: what's in you, what's living in you, what's getting through you, and what's missing from you.

Toxin Zoomer

Urine collection, processed by Vibrant Wellness — the most comprehensive environmental toxin panel available outside of a research setting. One sample identifies what is actually circulating in your body.

What it reveals

- Heavy metals: arsenic, mercury, lead, cadmium, aluminum and more.
- Mycotoxins from indoor mold: ochratoxin, aflatoxin, gliotoxin, trichothecenes.
- Plasticizers and endocrine disruptors: BPA, phthalates, parabens.
- Pesticides and herbicides: glyphosate, organophosphates, atrazine.
- Industrial chemicals: benzene, xylene, styrene, acrylamide.

Why it matters for your heart

Heavy metals injure endothelium directly. Glyphosate disrupts the gut barrier and drives systemic inflammation. Mycotoxins crash mitochondrial function and raise blood pressure. BPA disrupts hormones and accelerates atherosclerosis. We have not seen a single patient test clean — and you cannot remove what you have not measured. The Toxin Zoomer doesn't just tell you whether you have been exposed; it tells you what you are still carrying, so we can build a targeted detoxification protocol around exactly what is there.

Order: naturalheartdoctor.com/ttt

Wheat Zoomer

Blood test, processed by Vibrant Wellness — the gold-standard test for non-celiac wheat sensitivity and intestinal permeability, also known as leaky gut. Catches the wheat sensitivity standard celiac testing misses 90% of the time.

What it reveals

- Antibodies to multiple wheat proteins — not just gluten — including wheat germ agglutinin, gliadin, and the non-gluten wheat proteins most labs miss entirely.
- Direct markers of intestinal permeability: zonulin, anti-LPS, anti-actin antibodies — the molecular signature of a damaged gut barrier.
- Whether wheat is silently driving your inflammation, even with no obvious digestive symptoms.

Why it matters for your heart

If your gut barrier is leaky, partially digested wheat proteins and bacterial fragments cross into your bloodstream. Your immune system attacks them. That low-grade systemic inflammation oxidizes your lipids, irritates your endothelium, raises your blood pressure and accelerates plaque formation. Wheat-driven inflammation is one of the most overlooked drivers of stubborn cardiovascular markers in patients who otherwise eat clean.

Order: shop.naturalheartdoctor.com/products/wheat-zoomer

Gut Zoomer

Stool test, processed by Vibrant Wellness — comprehensive at-home mapping of your entire microbiome plus pathogens, parasites, digestion markers and gut inflammation. The most informative gut test on the market.

What it reveals

- Bacterial overgrowth, dysbiosis, parasites and pathogenic yeast — the hidden infections driving systemic inflammation.
- Short-chain fatty acids, calprotectin, secretory IgA, elastase and beta-glucuronidase.
- The root cause of bloating, constipation, brain fog — and the chronic inflammation feeding heart disease.
- Targeted, specific guidance for the antimicrobial, probiotic and dietary protocols that will actually work for your gut.

Why it matters for your heart

The gut-heart axis is one of the most consistently replicated findings in modern cardiovascular research — and one of the most consistently ignored by mainstream cardiology. Patients with chronic gut dysfunction have measurably higher rates of hypertension, atherosclerosis, atrial fibrillation and heart failure. You cannot fix a heart without fixing the gut. And you cannot fix the gut without measuring it.

Order: shop.naturalheartdoctor.com/products/gut-zoomer

Nutrient Zoomer

Blood test, processed by Vibrant Wellness — direct measurement of dozens of vitamins, minerals, fatty acids, amino acids and antioxidants at the cellular level, not just serum. The test that ends supplement guesswork.

What it reveals

- Intracellular status of magnesium, potassium, vitamin D, vitamin K2, full B-complex, CoQ10, glutathione, selenium, zinc.
- The omega-3 to omega-6 ratio — one of the strongest dietary predictors of heart disease.
- Amino acid status, including the ones that drive nitric oxide and blood pressure regulation.
- Antioxidant capacity and the enzymes that protect your cells from oxidative damage.

Why it matters for your heart

Most adults — even those eating a clean ancestral diet — are deficient in something that matters for cardiovascular health. Magnesium is low in roughly 80% of new patients regardless of diet. Vitamin D is suboptimal in nearly everyone who does not get daily midday sun. The Omega-3 Index is below the cardioprotective threshold in the vast majority of Americans. CoQ10 is depleted in anyone who has ever taken a statin, often for years after stopping. The Nutrient Zoomer ends the guessing. You stop taking what you do not need and start dosing what you do.

Order: shop.naturalheartdoctor.com/products/intracellular-micronutrient-test

The total picture, interpreted as one

When all six tests run together, our clinical team interprets them as a single integrated dataset. Patterns across systems become visible that no individual test can show. This is the difference between data and intelligence — and it is what comprehensive

cardiovascular medicine actually looks like.

How to choose between tiers

If you have never done advanced cardiovascular testing, start with Tier 1. The Heart Attack Risk Test alone will tell you more than any standard cholesterol panel ever has. If it comes back elevated, move up to Tier 2 or Tier 3 to find out what's driving it.

If you have family history, multiple risk factors, or you want the complete cardiovascular picture in one workup, start with Tier 2. The combined biomarker and genetic data eliminates almost all of the guesswork.

If you have unexplained symptoms, multiple chronic conditions, or you've been frustrated by mainstream medicine's inability to find the root cause — go straight to Tier 3. The total picture is often the only way to find what everyone else has missed.

Your Testing Roadmap

A quick-reference summary of the tests in this guide and the question each one answers. Every test name in this table is a clickable link to its product page. Not every patient needs every test — but every patient should at minimum start with the Heart Attack Risk Test, and most will benefit enormously from layering in the Cardio Zoomer Plus Genetics for the complete biomarker and genetic picture.

Test	What It Reveals
<u>Heart Attack Risk Test</u>	Are your lipids being oxidized right now? The single most predictive test of active cardiovascular damage.
<u>Cardio Zoomer Plus Genetics</u>	Full advanced cardiovascular biomarkers AND your genetic blueprint — biomarkers and pharmacogenomics in one panel.
<u>Toxin Zoomer</u>	Heavy metals, mycotoxins, plastics, pesticides, industrial chemicals — what you are carrying.
<u>Wheat Zoomer</u>	Wheat sensitivity and intestinal permeability driving systemic inflammation.
<u>Gut Zoomer</u>	Microbiome, pathogens, digestive function, gut inflammation — the gut-heart axis.
<u>Nutrient Zoomer</u>	Cellular-level status of every micronutrient that matters for heart health.

How often to re-test

Repeat the Heart Attack Risk Test every three to six months while you are correcting the upstream drivers. It is the cheapest, fastest way to confirm your protocol is working.

Repeat the Cardio Zoomer Plus Genetics annually — the genetics half is one and done, but the biomarker half should track yearly. Toxin, gut and nutrient testing should be repeated every 12 to 24 months, or sooner if a remediation or detox protocol is in active progress.

The principle is simple: testing without action is wasted money. Action without re-testing is wasted effort. Every protocol we build at Natural Heart Doctor pairs targeted intervention with scheduled re-testing, so you have hard, objective evidence that what you are doing is moving the needle.

Work With Natural Heart Doctor

Ordering the tests is the easy part. Interpreting them — and building the protocol that actually moves your numbers — is what we do.

Every test you order through Natural Heart Doctor includes a written interpretation from a member of our clinical team. For patients who want hands-on guidance, our concierge program pairs you directly with one of our physicians for a comprehensive, root-cause cardiovascular protocol — diet, sleep, sunlight, movement, supplementation, toxin removal, and lifestyle redesign.

We work with patients across the United States and around the world. Geography is not a limit. The only requirement is that you are willing to do the work that mainstream cardiology will never ask you to do.

READY TO STOP GUESSING?

Order the Heart Attack Risk Test

\$197 • At-home urine collection • Practitioner-reviewed results • Ships in 24 hours

HEARTATTACKRISKTEST.COM →

About Dr. Jack Wolfson

Dr. Jack Wolfson is a cardiologist who has been practicing since 2002 and the founder of Natural Heart Doctor in Scottsdale, Arizona. After a decade in conventional cardiology, he walked away from drug-and-procedure medicine to build a practice rooted in ancestral health, root-cause testing and lifestyle medicine.

Through Natural Heart Doctor, he and his team serve patients across the United States and around the world — combining the most advanced laboratory testing available with the oldest, most evidence-based approaches to nutrition, sleep, sunlight, movement and stress. The mission is straightforward: a 100-year heart for every patient who is willing to do the work.

When you give the body what it needs, it gets the job done.

— The 100 Year Heart Method™