Introduction and Career Background

Welcome, everyone. This is your host, Dr. Joseph Antoun. It is a big pleasure today to interview Dr. Jeffrey Gladden, a prominent cardiologist who dedicated the first part of his life to improving patients with cardiovascular conditions.

And then looking at cardiology as a symptom of aging. He went back and he tried to impact the longevity field by helping people age healthier and by living longer.

We're going to talk a lot about these themes. I know you're very excited to uncover secrets and how can you stay healthy longer? We're going to you have a prominent clinician today who does this for a living every day.

And one of his is a major clinic on longevity in Texas. And first, I'll let Dr. Jeffrey to, in more detail talk about his career and how he got here. And then I'm going to ask him many questions about the secrets of living healthy, long.

He just launched his book. 100 IS THE NEW 30. And we're going to get you the secrets and the discoveries that are in this book. So, Dr. Jeffrey, thank you very much for your time today.

My pleasure. Thank you for having me, Joseph. So, yeah, I mean, it's an interesting transition, isn't it, to move from interventional cardiology into the longevity space.

And I you know, I went to medical school at Temple. I did my internal medicine at Case Western and my cardiology at the University of Colorado in Denver.

And then I moved to Dallas in 88, and I practiced interventional cardiology there for 25 years. And I loved it. I loved doing cardiology, I might add, a building my own heart group with ten officers and 12 doctors.

We flew around in a little 836 bonanza to serve as outlying areas in southeast Oklahoma and East Texas and places like that ended up starting Cath labs and STEMI programs and congestive heart failure programs or atrial fibrillation programs.

And then I had the opportunity to co-found a heart hospital in Dallas, also its heart hospital, Baylor Plano, which has become a really nationally recognized facility.

And I'm I was involved with several medical device companies, kind of innovating technology and techniques and things like this. So I loved what I was doing, but in my fifties, what happened was I got sick.

I basically was exhausted or I had a lot going on in a young family and I was tired when I went to bed, tired when I got up, I was putting weight on.

Personal Health Crisis and Longevity Pivot

I was losing muscle mass. And I would find that if I became stressed, I would go over a cliff of depression. I would just crater. It wasn't like you could talk yourself out of it or, you know, do some things and you'll feel better.

It was just like you were going over a cliff. And then on top of that, my dad had died with the with dementia, actually, and I was developing brain fog.

And so this really had me concerned. So I went in one of my colleagues and got tested. And what I was told is, you know, all of your tests come back normal for your age.

You're just getting older. Why don't you take an antidepressant and I have to tell you, it's probably one of the most existential moments of my life. It's like, I can't believe it's all going to be downhill from here.

I've always been an athlete, a mountain bike, or a snowboarder or swimmer or surfer or a runner. I do all kinds of things. And then I couldn't believe that I wasn't going to be able to keep up with my kids anymore.

And so it was at that point that I, I rejected the idea of taking an antidepressant. And I kind of threw myself into the whole functional medicine, integrative medicine, age management medicine, space.

In about two and a half years later, I'd cracked the code for myself in terms of what was going on. So I had subclinical hypothyroidism completely missed by lab work was only biometric testing that picked it up.

We find this to be true all the time and clients that we work with that are misdiagnosed. I was hormonally depleted low on testosterone DHEA, so getting that repeated enabled me to lose about £20 of fat, put on £10 of muscle.

And I was back to worrying about what I did in college. And my genetics showed that I had several challenges. One is I don't make neurotransmitters very efficiently in my brain, which tease me up for dementia.

I don't have Alzheimer's genes, but I have other pathways for that. And the other thing is that I don't convert an active thyroid to active thyroid in my brain very efficiently at all.

So the fact that I was so clinically hyperthyroid systemically and then my brain couldn't convert inactive T4 to active T3, you know, it was no wonder the lights were going out.

So when I got on a, you know, some hormone replacement therapy, the right supplements for my methylation cycle, and he got on the right combination of t three and four.

All of a sudden I felt great again and I was like, Holy cow, I feel great. I started to wonder. I started to ask a different question. You know, in life you really only get the questions or the answers to the questions that you're asking.

And if you're a trained medical professional, you're trained in terms of what questions to ask, right? So yeah, which has been you short of breath, you know, you wake up and I sure pressed them, etc., etc., you have palpitations, but I started as different questions.

I started to ask, I wonder how good I can be. I wonder how fit, how strong, how mentally sharp, and for how many years and decades can I carry that forward?

And so I ended up realizing that I was done with cardiology. I did not want to have those conversations anymore. I did not want to ask those questions.

I was completely fascinated by the question of how good can we be? And that question was really the night is for me leaving cardiology and and founding what's become blood and longevity, which I did in 2012.

So it's over a decade now that we've been doing this. And the interesting thing is that the questions have expanded now we've expanded into how do we make a 100 IS THE NEW 30, how do we live well beyond 120?

And how do you actually live young for a lifetime? And those questions drive us any day, every day. So we have tons of technology in our clinic, literally almost anything you can think of.

And yet we're not married to a single technology. We're only married to those questions. And we find that to be such a distinguishing feature, so many doctors in the quote unquote, functional space for longevity space.

And they're beautiful, they're well trained, and we love them. But they get married to a particular set of answers. They get married to a technology. Well, this is what we do.

Come in and we'll do this series of things and this is what we do. And what I found is that taking an approach of know, what do you need, right? Asking the question, how do you become great?

And us sourcing that for you is a much more interesting way to practice. That's fantastic. And you know, I had a similar career transition. I wanted to be a cardiologist, okay?

And doing my rotations and my general partner there was always wondering, you know, we were giving almost, you know, a lot of patients leave our clinics with a blood pressure medication, which we would prescribe with no end date.

I was always fascinated with the no end date and the blood thinner and then the blood cholesterol pill and then the blood pressure pill. And and this is this is this the least like this if you don't have anything serious?

And my question always was, when they're going to come off those medication, and the answer would be no, it's a progressive disease. Right. And same the same goes for diabetes.

It just it just started with metformin. And then what's next? If you ask this question in a med school class, nobody tells you next is cure. What's next?

They add another added GMP to then an injection, then insulin. I it was fascinating that we're subscribing people for pills for the rest of their lives, but I took a little bit different trajectory.

I went to health policy and public health to do more prevention from nutrition, and now I focus on nutrition for longevity. So very, very relatable topics.

Yeah, I wanted to make sure that it seems in your clinic you cracked the code for at least a certain extent how to help diagnose what people are going through with the bag and then suggesting practical things to help them age gracefully or stay younger long.

So there is no there is no age gracefully? No. We reject the idea of aging gracefully. We think. And let me explain to you why and why I'm quite adamant about that.

What we really have come to, what I've come to realize is that, well, let me explain to you this way. I wake I'll be my next chronological birthday. I was born in 1954.

I'll be 70 years old chronologically. I've done 70 laps around around the sun. Right.

Rejecting Graceful Aging and Embracing Youthfulness

So February of 2024, I'll turn 70 and yet I wake up 27. Every day I wake up 27 every day. And the beauty of that is that I function like I'm 27. Every day I go run for miles, I mountain bike, I surf, I snowboard, I do whatever I want, literally whatever I want.

I'm involved in more business ventures, more intellectual activities, more IP creation. Writing a book 100 IS THE NEW 30. I Playing the symphony of longevity will enable us to look beyond like for.

Those who are interested. You only get it. It's not a it's not a small book. It's a, you know, it's over 450 pages, I believe. Right. So I'm doing more now than I ever have.

Right. And so the beauty of that is that I don't think it's about saying, if I should wake up in the morning, I don't feel 27. I could say, Well, yeah, but you know, I'm really good for my age or I'm really better than most people my age.

And the problem with that is that there's an inherent acquiescence to the aging process and saying that we're normalizing aging, and I choose to reject that.

I say that the way to actually live well is to live young for a lifetime. Right. And I don't have a fear of death if I get hit by a bus tomorrow. That's okay.

I've had a fantastic life. Beautiful life, right? I've loved it. But it's not a fear of death. It's a fear of decline. Right? It's a fear of decline. And we're really handicapped when we come to think about this, because we tend to perceive aging as being linear.

Right. Every year or another birthday. I'm not that much different. Right? This is the game we're in. I'll eat better, I'll exercise, I'll take some supplements.

And that'll be my strategy, right? That'll be my strategy. The problem is that aging is an exponential problem, not a not a linear one. The rate of aging accelerates dramatically as we age and people age so much more between 70 and 80 or 80 and 90, then between 30 and 40 and 40 and 50.

Right. We see it all around it, but we don't we can't relate to it. We think somehow there's this denial. Right? It's like, well, it's not going to happen to me somehow.

It's not going to happen to me. I don't feel that. Or if I were to ask the audience, anyone in the audience, physicians or or clients or patients, you know, what are you going to be like ten years from now?

What are you going to be like 15 years from now? You know, it's really almost impossible for us to imagine we're going to be any different than what we are today.

So we're involved in playing a game that has it. That's an exponential game that everybody's involved in. And yet we can't even perceive the game that we're playing.

And so many people spend a lifetime chasing something else, like, I'm going to make a lot of money or I'm going to do this, or I'm going to get a good education, or I'm going to keep doing this.

And they miss the fact that the game that they're really playing is how do they maintain their youthfulness, right? How do they maintain their longevity?

Longevity is a byproduct of youthfulness. Chasing longevity itself is an abstraction. So when you think about longevity, every picture I ever saw of somebody 110 or 120, it's like, I don't know, but that's not exactly what I'm going for, right?

That's not the picture of it's not a picture of health that I'm going for. It's not longevity that I'm after. It's really being young that I'm after, right?

So living young for a lifetime is really going to become our mantra for that combination of reasons. That's fantastic. And, and this is to help everyone listening to us here is 90% of Americans die of poor health conditions.

That's right. Vascular diabetes, cancer and Alzheimer's. And what Dr. Glen is trying to explain is that they're all age related health conditions, the young from the inside, because you create that delta between your biological and your age, you're staying further away from the onset of one of these four health conditions, and therefore you're going to die later.

You're going to state it. Most important is you're going to stay healthy for a long period of time and hopefully then and. It's beyond that. Even so, if you're going to if you're involved in an exponential game, you need an exponential strategy. Right.

And the idea of, I'm going to eat better, I'm going to sleep better and learn to meditate and to start exercising or quit drinking. That's all wonderful.

But it's a linear response to an exponential problem. And actually everybody that ever did that still got old and they

still died. Right, everybody. So it's technically an inadequate response to the problem or the game that we're in.

So again, longevity, we focused on creating an exponential strategy for an exponential problem. And now in this goes I go into this in tremendous detail in the book and I've made the book very readable.

Like people that are medical professionals can read it, what medical professionals can read it, and really resonate with a lot of what I say and it really revolves for us around four circles, there's a life energy circle, there's a longevity circle, a health circle and a performance circle.

And all four of those circles have to be addressed. And inside the book, I break apart each circle. And what's in it and why it's so important and how we address it and how we think about it.

And in the longevity circle, we start to go right at the drivers of aging. So when, you know, as a cardiologist, somebody came to see me with heart disease, it's like, well, I'm going to treat your symptoms, right?

It's symptom driven medicine. When I was trained in functional medicine, it was like, well, we're trying to get to the root cause of your blood pressure, right?

We're going to try to get to the root cause. But in my view, there's another level below that. There's actually longevity medicine where we go right at the drivers of aging.

Probably many people in the audience are familiar with the hallmarks of aging. First article was published in 2013. There were nine hallmarks of short telomeres, mitochondrial dysfunction, dysregulated Proteus, Stacy's immune senescence, stem cell attrition, senescent cell accumulation and secretory status of senescent cells, things like this.

All these different factors, right, that are actually both phenotypic expressions of aging, in other words, are signs of aging, but they're also become drivers of aging.

At the same time, they accelerate the process. And if you look at data from Stanford, it shows that there's a that youth actually ends at age 26. People start aging after age 26.

And so there's a pretty big spike in aging up until age 34. Right? People age a lot in their late twenties and into their thirties and then sort of tapers off a little bit.

But the aging goes on and there's another spike in the fifties towards 60, and there's a massive spike between 63 and 78. It was 15 years. There's massive spike in aging.

So it's anything but linear, right? And so when you're want to address longevity, you have to go right at what are the actual drivers of aging that are driving that process.

So we have strategies for the hallmarks and we've developed testing. It's inside of an RB groove trial. We have several trials that we're running where we can actually go in and measure what is somebody's senescence burden, what's what's their oxidative stress and inflammatory status at a genetic expression level.

Right. And then are they beating up their telomeres? What's mitophagy look like for them? How well are their mitochondria doing? Are they able to renew their mitochondria?

Are they able to fold their proteins properly and things like this? So we're working our way through all the different hallmarks. We have eight currently and we're going to expand to about 20 currently.

Hallmarks of Aging and Multi-Circle Longevity Framework

There are six hallmarks of aging. Last year in March, they added five more. In November of last year they had another one. In July another one came out.

So this is an expanding field. But the beauty of it is, is we have more things to go after and so we think that if you're driving at the real drivers of aging in terms of your strategy and then you're adding in all the things that don't keep us healthy, all the things that we know that are so important, eating well, right, exercise, sleeping, stress reduction, all that are critical.

And then the life energy circle, which is also critical and includes about ten different concepts, the book goes into it in great detail. But just to give you an idea, mental health is in there.

So for example, there's so much anxiety, stress, depression, right? So much addiction and so you could take all the biochemical solutions in the world and give them to somebody, all the stem cells, all the peptides, all the exosomes, everything you can possibly give them, all the young plasma, all the plasma freezes, all the things we do right, all the ozone, etc..

And yet if they're if they're in a mindset of self-sabotage, right, it's never going to work. Right? It's just they never get the results that they should.

So really go in through this life energy circle where people feel love, people feel safe. I find that most people don't feel safe. Fundamentally, anybody that's experiencing stress or anxiety on some level is not feeling safe.

Even the anger, we don't feel safe. So when you start to realize that nothing external to you can ever make you feel safe, then there's no amount of money, you know, no connection, no place you went to school, no occupation, no neighborhoods you live in.

That's going to make you ultimately feel safe. How do you give yourself safety? How do you tap into that so that you can live with that kind equanimity instead of with fear, right?

So you have to work through all these things in the life energy circle, having great relationships, right? Having a sense of purpose, etc.. When you start to put all that together, then you really have the substrate that encircles the other three circles, the longevity of the house and the performance.

And it makes it all work. So we go into that in great detail too. And then performance is I won't talk about health because we go into health, right? The heart, the lungs, the kidneys and and then we go into performance.

You know, for us, if I'm going to be 27 or if I'm going to be 100 or when I'm in, I'm 100, if I'm going to be 30, you know, every person you see, that's 100.

The words you would describe them would not be fast, agile, strong, quick, balanced, right? Good cardiovascular endurance, great recovery. Right. That's not how you would describe them.

It would be the opposite. So I want to be that when I'm 100. And so if you want to get in shape when you're a teenager, you go for a run and lift some weights and you're pretty much there.

But as you go through life, that no longer is enough. And you have to keep adapting. You have to realize every decade you have to up the ante what you did in your forties isn't going to work in your fifties, but you did in your fifties isn't going to work in your sixties.

You've got to keep upping the ante and you've got to keep finding ways to train all these different elements. And as you do that, you find that you can actually do a mountain biking better than I ever have in my life.

I'm surfing better than I ever have in my life. Snowboarding better, running better, playing basketball, you name it. If you're really go into this with the idea of I'm young and I'm going to continue to expand my youth, it puts you in a completely different mindset.

So anyway, when you put all this together, I think this is really an exponential strategy. But this is I love you that approach of exponential response to an exponential problem.

Do you feel that we're exaggerating here saying how great is the new 38? We've we've heard seven is new 50 we've heard again probably those are the linear adjustments to describe a linear aging but you said something which is I wake up every day 27.

Is that biologically measured or this is how you feel, it is how you aiming forward? Can you talk a little bit about about that? Yeah. Yeah, I know this is a great point.

So it raises the question of what is your age, right? How old are you? We all have a chronological age. Everybody knows that. And there's a lot of talk about a biological age.

Well, I went out and I got my DNA methylation done, tested. Right. And so now I have a biological age and my biological ages, you know, I'm five years younger than my chronological age.

So I'm good. I'm good that there is nothing further from the truth in that statement. And the reason for that is we are all a mosaic of ages. Right? My brain has an age.

My heart has an age, my lungs have an age, my kidneys have an age, my bones have an age, my muscles have an age. You know, my mindset has an age, right?

And so we glide longevity. We measure as many ages as we can, and you're only as young as your oldest age. So when you think about it, I wake up 27. That's my mindset.

My youngest measured age is 26. Mike Like an age is 26. I just did a cardiopulmonary exercise test, if you're familiar with that, where you wear a mask and you're measuring how much CO2 you blow out and how much O2 you can consume and how much blood your heart's able to pump.

And I was in an exceptional category for a 30 to 35 year old for my cardiovascular goodness. Right. Exceptional care. Not a great category. Not a good category. Exceptional category.

My VO2 was over 50, it was 52, I think. In how you measure brain age. So we measure brain age with tests. We have ways to look at different lenses. I call it that we look at the organs with so we could do an MRI scan and see what Ananda Tomic ages we can do testing where we have you on a computer working your brain.

How quick is your memory, your reaction time, your executive function, right, what your spatial reasoning, things like that. We can figure out a brain age for you from those things and then we can look at your autonomic nervous system, right?

And we can sort of see how that's balanced. And that gives us an idea of your sympathetic parasympathetic, a neurohormonal stress that's going on here.

From there, we also get a brain age. So not only are we a mosaic of ages, but each organ system can have any age by looking at it through different lenses.

Right. My bone density, for example, is was higher than average for somebody in their twenties. Right. My strength is there. So, you know, I have many ages that are there, but I also have age as my oldest age will be in my fifties.

Right. My epigenetic age would be in my low fifties. If you take into account my immune system, it drops the low forties. But, you know, we all we're all in this struggle together.

So I'm only as young as my oldest age. And I had my kidneys were damaged when I was a kid, so I had to take extra care with my kidneys. So we all have our all have our challenges.

And so, Dr. Glover, you see you see a lot of people from different ages, different backgrounds, different symptoms are no symptoms for the sake of time today and for the sake of this limited because at your clinic, you do a lot of testing, a lot of Q&A and understanding in-depth the the shape and the mindset and the age of a person before you

start doing any any recommendations.

But if you tell us today in a summarized way, what are the most common issues you see when people come and they they they feel old all that ages old. What are the common Ms.

in a typical doctor Mrs. or health care today doesn't mention what do you feel like 334 or five common things that they suffer from in what are three or four or five things that you feel when you do them in a clinic they apply to most and most can benefit from them.

They can help them, you know, stay a little bit younger from the inside. Yeah, well, it's an interesting question. You know, I think I would say that the biggest problem that people face, quite honestly, in aging is they don't actually understand the game that they're in.

Biological Age, Testing, and Personalized Assessment

And there's a lot of you know, they come to the office, you know, I'm talking about a regular doctor, not to us per se, but it's like, give me back to where I was, right?

If you can just get me back to where I was in that before it, I'd be fine with that. And so I think it's the lack of what I would call an optimization mindset.

It's more of a fixed fix me now kind of mindset based on things. That's right. Yes. I think clients, if you're listening to this, the biggest thing you can do for yourself, quite honestly, is to switch the questions that you're asking.

Ask better questions, ask bigger questions. You know, and the reason for the reason I say that is because, you know, we know that aging is an exponential in terms of its decline.

Right. That's the game. But as we go through life, our impact and our opportunities also go up exponentially. So every decade of life, we actually have more opportunity, right?

We actually have more impact. And yet when those lines cross, our opportunities and impact start to crater and then somebody comes visits us in a nursing home.

So if you can imagine that you can stay 30, right. For a hundred years, right. 120 years, 140 years, whatever number you want to pick and your opportunities continue to go up exponentially.

Think about the return on investment. Think about that's a life that nobody's yet to live. I think the most important thing for somebody thinking about their aging process is to visualize a new reality.

Right thoughts are power, right thoughts are energy. Thoughts actually create reality. And so imagining yourself being young for decades to come and think about all the opportunity that brings, that's the first thing to really get straight.

Because if you start to if you start to feel that and believe that and live into that, then you'll start finding the answers to make that happen. If all you're thinking about as well, I want to retire and I want to be able to play golf.

So can you fix my shoulder? You see what I'm saying? It's you're never really getting at what's going to keep you young, even if you're trying to do some good lifestyle changes.

So I think really getting your your head around that idea of living young for a lifetime makes a massive difference. And we coach, you know, pretty much all our clients around that.

When people come in, the first thing we do is have them pick an age, you know, what was it? What age were you with the best you ever were in your life?

And then let's go back to that age and we'll make you better. Right? Let's go back. Claim that wake up that age every day will make you better from there.

So the mindset drives everything without that, the supplements and things right now. Having said that, what do we run into? Commonly, we run into things that you run into commonly, probably also, you know, people are hypothyroid.

They don't know what their hormones are completed. They're nutritionally not replete, they're not eating a good diet. Their guts are leaky. They're watching inflammation as excess oxidative stress.

They don't manage stress well. They don't they don't exercise. And, you know, all the usual things. And yet they also have problems. They don't realize their telomeres are getting shorter.

Mitochondria aren't working well. You know, their stem cells are getting exhausted. They have too many senescent cells in their system. Their cancer genes are being driven.

What interventions you can do for those. All we can we can address everything. Everything we can address the examples. So in our in our hire be approved trial, we can, for example, I told you right now we're looking at eight different hallmarks.

We'll be expanding to 20. But let's say somebody has excess oxidative stress and inflammation. So tradition therapies would say, well, take take fish oil, you know, take some antioxidants, take some curcumin, maybe some special probes, all be mediators, which basically are derivatives of fish oil.

Drink some molecular hydrogen is really great for balancing the redox system. So you do all those things and they're all great, lovely, wonderful things.

So we do all of them. But then you test and you say, okay, but your genes are still turned off. We're looking at Transcriptomics now. So Transcriptomics are how are your genes are being expressed so you can do all these things, but then you've got to test and say, well, not just what's my C-reactive protein, but what are my genes doing?

And we can look at your genes and see they're actually being transcribed in a manner where you really are generating more oxidative stress and more inflammation than you would like to, because it's decreasing your ability to repair your telomeres.

Right. And it's increasing in your senescent cell burden. So when you understand that, then what we do is we can create peptides, custom peptides that are a HLA match to the patient and they take them injection twice a week and go in and modulate genetic expression.

So when you think about your your health, think of yourself as a very complex ecosystem, like a rainforest, right? Many layers of life in a rainforest.

First time I was in a rainforest, I was so blown away. It was like life on top of life on top of life on top of life. Right? I've never seen life being so dense.

Well, that's what our bodies are like. And so in a complex ecosystem, what you're really trying to do is to bring it into balance. It's not about trying to push it into corners, not about being cute all the time. It's not about fasting all the time.

It's not about doing anything all the time. It's about cycling in and out of different states. Right. And so how do you modulate your ecosystem back into a useful state?

Well, when the genes are running the show and they're they're running in the wrong direction, you have to go in and modulate the genes directly, and then you can actually start to build on top of that.

So that's how we tend to think of it in induce. Fasting. In your colleague.

Common Patient Issues and Targeted Interventions

Yes, yeah, we do. You know, fasting is really interesting. It's a really interesting thing. We know there are tremendous benefits to fasting. You know, there was also a study that was recently published that I referenced in the book.

I think there were 15,000 people in it and they looked at people it was done under a cardiovascular indication, but they looked at people who ate one meal a day versus people that eight three meals a day or people that skipped breakfast or skip lunch or skipped dinner, you know, like one or two meals a day.

And what they found is that the people that a one meal a day that fasted had a 30% increase in all cause mortality and heart disease. Right. Yeah. Higher and so we know that fasting is good and we love fasting.

We use, you know, the prolonged fast mimicking diet. We love memo. I don't know if you're familiar with Memo memos, a fast mimicking supplement that you can take that you get the benefits of fasting from contains nicotinamide egg and sperm.

18 We love that supplement, but the problem with fasting is not fasting. The problem with fasting is how you reintroduce food, right? So if you're eating one meal a day and you're gorging yourself, we have this concept that eating is restorative.

It's not. It's a stress. Eating is like exercise. It's a big stress on us. Just a big metabolic load on the system. And so if you're fasting for 24 hours and then you sit down, you're going to eat a meal within 40 minutes.

That is a massive load on a system. So you really want to break your meals down into smaller amounts and spread them out over whatever you're eating when it is right.

And we think that's a much healthier way to do it, a less metabolic load and really what you're going for with fasting or any diet and we're really plant based, although we we're not vegetarian or vegan, but we love eating a lot of plants.

As you're going for metabolic flexibility, you want your body to be able to metabolically adapt to today I'm eating meat, tomorrow I'm having some carbs this I'm doing that to this, I'm doing that.

And your body has metabolic flexibility. It actually cycles through these different states. That's really what you want. You don't really we just want to push yourself with the keto all the time.

Now there are some times where you really want to go ketone let's say you're struggling with malignancy or you've got seizure disorder, you've got some things like that.

There are some exceptions of course, but in general it's more about biology being an economy of balance. That's how we think of it. No, we agree. And as you know, we study fasting extensively and we agree about eating three times a day.

I think there's a lot of misconceptions around fasting is like all of it is business to get meals per day and starving when you eat one meal a day, what we call The Omen, starting in the morning, the brain and the heart and all the front, all the essential organs in is a big mismatch.

And then you, you, you, you do the stress, you call it the stress of over eating at four or five, 6 p.m.. That's right. For you being in an abundance of calories that your body is IGF desired.

So that's high here, but it goes even further anabolic your body even further, the aging process and storing fat. And this is why for many other reasons as well.

That's right. Is not the way to go for longevity. So this is in everyone listening to us today. Dr. Glennon touched on an important point. Fasting is definitely one of the pillars longevity, but the right fasting is.

That's right. Crazy starvation long term keeps you keep you in the morning and over night, which is a big mismatch. There's a big social hurdle to get over, which is we're used to sitting down for dinners.

Right. And dinner is sort of a big meal. Right. And and that's sort of a if you're in your own home, it's easier to get into a routine of you don't eat that much for dinner, you eat something, you know, your bowl of soup, maybe a little salad or a little whatever.

But you're not you're not like feasting, right? But in our culture, we have this let's get together for dinner and have 16 courses. You know, whatever it is, even three courses.

And it's just way too much food. It's way, way, way too much food. And to your point, when you're loading your body metabolically, you push out all this insulin where you push at all an insulin.

Insulin is actually aging you because. So insulin from carbs and IGF from proteins, they're both aging. That's right. That's right. That's right. I'm sure it gets activated from from IGF1 and insulin and they're both in the same category of activating them to when you're activating them or you're actually aging yourself more quickly and have a higher rate of cancer.

Fantastic. So before we depart today, what is your biggest recommendation? I mean, we've touched on a lot of new concept. You introduced the concept of accelerated aging, exponential aging, reversing that with multiple layers.

You talk about the hallmarks of aging and I bet everyone listening here today is like, you know, every sentence you're mentioning is a big chapter, a big discussion.

It is what practically can we do? Because I think in my mind today and everyone's listening to us today is yeah, or practically can we do to slow down our aging process?

I know you'd like to go even more radical and say I want to stay young, but then a lot of us, you're you're advanced in your thinking and a lot of us are going to traditional health care system today.

Even the ABC of Aging Healthy is not being downloaded on us, even even a fraction of what you said that you called linear and healthy aging. Isn't that even being addressed with that?

So before we leave here today, what is your top 3 recommendations for people to stay young from the inside? I don't want to go back and say age gracefully.

I would just say still that aging was too young from the inside. Yeah, let's let's let's go all the way there, you know, live young for a lifetime, you know, go big or go home.

So I think the top three would be number one is, is your mindset how you think about this. You know how you are.

Fasting, Metabolic Flexibility, and Practical Longevity Advice

You have to realize that if you're going to think differently about this and act differently about it, you're going to get a different result from the people around you, but you're also going to be different from them.

And so, you know, people may look at you as doing weird things or what's wrong with them or blah, blah, blah. You have to you have to get over that because you have to realize that they're just going to go over a waterfall and you don't want to go there.

So getting your mind straight on the questions that you're asking and realizing that you have to have the courage to

be different, to actually implement and you'll be fine, right?

So that's number one. Number two, I think you have to know old. You are right. So how old are you? And I think getting some testing done to get an idea, you know, where is my heart?

Where's my brain, where's my liver, what's my epigenetics age, right? How am I actually aging so that, you know, kind of what's a target for you? What are my hormone levels? What's my thyroid level?

What's my resting metabolic rate? You know, what's my VO2 max, you know, things like this. If you don't get some testing done, you're just kind of guessing at what to go after. Right.

So I think, you know, when I was doing interventional cardiology, I could always get a better result for a patient. If I had more precision, I could see more clearly what was going on.

We just we were very early adopters of coronary ultrasound, so we could actually see what was happening, put a stent in a much more precision. We could always get better results.

And the same is true here. If you don't know what you're dealing with and you're just making taking generic recommendations, you know you're never going to get there.

So number two is, you know, how old are you? You need to measure that. And then number three, I think you have to have a mindset of understanding that you can pay for this with pretax dollars.

So there are many, many ways to you know, you you don't have health insurance. You have sick insurance. We don't have a health system. We have a sick system.

Right. A sick care system. So when you come to the realization that sick care is never going to help you optimize your health, it just never will. You realize, I have to take control of this myself.

So how am I going to pay for that? Because I'm already paying premiums for sick insurance. It's not going to help me. What am I going to have to do? Well, you can pay for it pretax.

You can use a health savings account. If you own a business, you can run it as a, you know, a corporate benefit. You many things that you can do. You can borrow from a401k borrow from life insurance and pay it back over time.

There's many, many ways to get this done. But if you if you have the mindset that, hey, number one, I got to do it myself, nobody is going to do this except I've got to take charge of this.

I can't depend on my family doctor to do it. Number two, I need to know how old I am in. Number three, I want to live young for a lifetime. Should go after those massive difference in your life.

From there, all the other answers will flow. So appreciate you Dr. Jeff. Again, there's a thick book that people can read to get more information and practical recommendations.

And as a. Recommendation, if you want to know about certain supplements and all this, there's tons of information like that in there. So, yeah. I appreciate it today.

So one last thing, we also have a podcast to Gladden Longevity Podcast. We've done over 200 episodes now and there's a wealth of information there on specific topics and things like that.

People might like that. You can reach us at gladdenlongevity.com We also have a supplement shop where you can find supplements that are really focused on brain health or heart health, things that we've curated that we're especially fond of.

You can find that at the gladdenlongevityshop.com So anyway, those are other ways that we can try to be helpful.

Okay. I appreciate you very much and thanks for all the thoughtful, thoughtful ideas and recommendations.

The exponential aging, I think was one of the big ones. So thank you. Appreciate you. It was. My pleasure. Thank you Joseph Bye.