Why Women Over 40 Should Think Differently About Fasting And Hormones Transcript

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Introduction and Summit Welcome

Hi, everyone. This is Doctor Joseph Antoun. I'm your co-host for the Longevity Summit. What is summit till now? Again, we had 54,000 people last summit.

We're expecting 75 to 80,000 people. And watching this summit. And we do want to change the life of each and one of them. And there's no better way to do this than with Doctor Felice Gersh.

I personally am very biased talking with Doctor Gersh. She's one of the very first early adopters of fasting and actually shaped up how fast they shaped in the market with us, supported us with feedback, supported with even in getting prolonged to the market.

She was one of the very first I remember Doctor Gersh probably was it 2015 or 16 when we met for the first time? I could not believe it was going to be 9 or 10 years soon.

And Doctor Gersh is holding the world record for fasting, mimicking nutrition. She has done 34 cycles of prolonged. So you're talking to a top expert in obstetrics and gynecology.

She won multiple awards as a top dining colleges in Orange County and in SoCal. And she holds the world record with Prolog. So you're talking you're bringing the best expert in women's health, and you put it together with me.

You want to listen to this episode today. It's going to be very special, and especially if you're a woman above age 40, I think we're going to change your life today.

Doctor Gersh, you're at dual certified in aubergine and integrative medicine, a combination I love because this is exactly how medicine should be moving forward.

Welcome to the family. Well thank you. We are old buddies, that's for sure. And yes, I knew prolonged before it was prolonged when it was still in the developmental stages.

And yes, I am a big believer and controlling the cell cycle and working to have healthy longevity. And one of my most, you know, incredible and relied on tools is to do fasting, mimicking diets for myself and my patient population.

And, you know, it's really important for every woman to know as she is approaching perimenopause and menopause. And we'll talk about what that means to a woman in terms of her, her global body health status is to incorporate every therapeutic tool that is evidence based out there.

Dr. Gershu2019s Background and Integrative Medicine

And that's really what integrative medicine is that you were talking about, is it's about expanding your therapeutic toolbox to incorporate a wide array of lifestyle types of therapies, as well as sometimes using targeted effective supplementation, different types of supplements to aid the body to stay healthy, so that we shorten the span of time that we actually have chronic disease to like really teeny part of our entire lives.

And this has really become my mission. And that's why I'm so thrilled to join you, is to help every woman to become what I am trying to be a super ager, which I define as you can do most.

I'm not saying everything, but most everything that you did in your 30s. You can do it in your 90s, you know, and then if you're going to, you know, start having some quantic diseases, you're close to 100, maybe even beyond.

And that's where doing fasting, mimicking diets like prolonged is so key to helping to achieve that goal. Doctor Jesse, what a thought. Before we go into the topic, you one of the top colleges in the country with multiple books and achievements, can you a little bit in few minutes, you know, just share your background with the with the audience here?

Oh, absolutely. So I did my undergraduate education at Princeton University, and then I got my medical degree from the University of Southern California School of Medicine.

And then I did a residency in obstetrics and gynecology at Kaiser Hospital in Los Angeles. And later on, back a little over over a decade ago, I did a two year fellowship at the University of Arizona School of Medicine in Integrative Medicine.

And I was I found the first, if not the first woman ob gyn in the world who became the dual dual board certified in ob gyn and integrative medicine. And it was really something that once you get into that world, you never look back.

You never you can't imagine practicing medicine without all of this knowledge and all of these tools. And that's why it's my mission now to educate both physicians and other health care practitioners and the public, because it's so often necessary for health care to be driven from the bottom up, for patients to have the advocacy for themselves, to actually promote their doctors and their health care providers, to learn and to incorporate some of these tools that they didn't learn.

I can tell you they did not learn this in their medical education. So it's something they have to acquire this knowledge after, you know, because learning is a lifetime type of a process and new stuff comes up all the time, and that's really important.

That's why summits like this are so critical to educate on cutting edge medicine and science, so that everyone can keep learning, whether you're in the public sphere or you're in the medical sphere.

As a medical professional. Yep. Doctor Gersh, every since we're talking about longevity and aging here, and how can we help people stay younger than their age or age healthy, you know, women in particular, they have the clock that expresses itself in the 40s and 50s and the 60s, and we call it premenopausal permanent pause and post-menopausal.

And I know you're passionate about that topic. You're passionate about changing women's life, helping them successfully grow through it and mitigate the impact of it, and then keep them young and healthy and fresh even at later stage in life.

Can you a little bit tackle the topic of minute pause? What does it mean for women, and what are today the best tools that we can help women women's health across that stage in life?

And then how can they emerge from it younger than their age? Absolutely. Well, it's very important as a sort of foundational piece of knowledge, to acknowledge that the prime directive of life is the creation of new life.

All the systems in the body of a female will stick with females here are really evolved for successful fertility and reproduction.

Menopause, Hormones, and Womenu2019s Health

Now I'm totally in favor of everyone deciding when and if they want to have kids, but that has nothing to do with how we're evolved. You know, recognizing that humans as a species are the only creatures on planet Earth that actually try to control their reproductive destiny.

Like if it's a springtime and you get a bunch of cats or dogs or, you know, wolves together, they're going to make babies. That's just the way nature is.

So understanding that is foundational. And therefore, to that end, all the systems in the body have to be rewarded. Now in nature, women have their fertility on, like you said, the time clock.

And at first I was kind of upset about nature giving us menopause, you know, like taking away our hormones and our fatality. But then it became really obvious to me.

Remember, I delivered thousands of babies and I delivered women in their 40s and even late 40s. And I can tell you that group is really high risk and they have a lot of complications.

They certainly have a lot more risk of complications than women who are like in their early 20s. And it became obvious that if we had endless fertility as women, we wouldn't survive.

Imagine, thousands of years ago, women in their late 40s and 50s and beyond, getting pregnant, the babies would die, the women would die. So that would serve no purpose, and they wouldn't be there to continue to raise their own children and even grandchildren.

So nature put a stop, and it's a hard stop in terms of when your eggs are gone. They're really gone. Although the age that this happens is quite variable.

In fact, so-called normal menopause, which is arbitrarily defined as 12 consecutive months with no bleeding. Now, you know, if someone bleeds after 11 months, believe me, we don't think they're suddenly starting to ovulate again.

That would be suspicious bleeding. But that's the arbitrary definition. But it's important to recognize that, number one, the range of age that is so-called normal is 45 to 55, late menopause over 55, early 40 up to 45, and premature before the age of 40.

That's a big range of years that women could be officially designated as you have reached menopause. So women can actually be in their mid and late 30s.

If there were does if they were destined to be in full blown menopause, I'd say 43 or 46. They're already perimenopause in their later 30s. So women have to be aware that when you are declining in your number of eggs and your fatality, you're also changing how your vital hormones, your estrogen and your progesterone are being produced from your ovaries.

And because all of these hormones are intertwined with fatality and every other organ system in the body, because when now it's recognized, fertility is really a vital sign of of health.

And pregnancy is the ultimate stress test of reproductive aged women. So if you don't have a good cardiovascular system, neurological system, genitourinary and your musculoskeletal, you can go through every immune system.

Every system in the body has to be optimally functioning for there to be optimal for reproductive outcome. So when you lose your fatality and you go into perimenopause and then ultimately menopause, you're really going to go into a state of declining health.

And this really needs to be recognized. These vital hormones are no longer in my mind called sex hormones, their life hormones, because they are critical for integrating the optimal function of every organ system.

And these hormones, especially as radial, which I call like the master hormone of metabolic homeostasis, like maintaining energy balance throughout the body in an appropriate way.

That hormone has receptors in every organ. Every single system of the body relies on proper amounts of estrogen in the form of estradiol, the type of estrogen made by the ovaries.

And without that, the every organ system has a massive over time, and it's individual in which organs like have the worst outcome in each woman. But they're all interconnected in terms of in terms of the impact that losing these

hormones, the decline and then the loss happens with every woman.

And there's so many things that you can prevent, but no woman can escape going through this process of menopause. It's built into our system. And yes, it is natural, but it is naturally not helpful to us.

It's really important that we don't stay fertile and have babies when we're in our 50s and 60s, but we lose our hormone because it's connected. So nature didn't know we were going to try to live to be 100 or longer.

You know, this is really a modern thing. So we have to pull tools out of our therapeutic toolbox that we never had to actually access before in our medical history.

And so that's like a hopefully an overview of how critical this time is for women in terms of their health at that time, and not just with symptoms, which are very important as well, but the hidden things that are happening in the body involving the onset of dysfunction in their joints, in loss of bone, things that are going on with the neural tissue in their brain, and of course, the more obvious things, sometimes digestive problems, but sometimes things are hidden, like you don't feel your blood pressure going up or vascular disease developing.

We don't feel our heart having less energy. We don't feel our bones losing, you know, calcium and mineralization. So it's not just the obvious symptoms, it's also the covert symptoms that can really lead to chronic disease and and really suffering throughout decades of life.

It's almost like and not just a sign of aging, but if not well managed and replaced with the hormonal imbalance. It's like an acceleration even of a hidden acceleration, a little bit of aging.

I want to hit the core of the topic. If I'm today a woman in a mid age, I'm about to go to a pause where I'm within minute pause or I'm in my, you know, a 50s and 60s and listening here to you, how would you help me go through it in a better way?

How can you help me increase my health, span the healthy part of life in my longevity? Ultimately? Well, of course I love that question. So I always think the first step in solving a problem is to recognize and understand the problem.

That's why I first wanted to just let every woman out there, and every man who loves a woman, which I hope you know, is most of your audience, because everyone has women in their lives, that's for sure, that the problem is really real and it's very significant.

So now you recognize the problem. So what are we going to do about. Well, I say hormone therapy in the beginning it's supplementation because your hormones are shifting in their declining and they can fluctuate.

But the trend is always down. So during the perimenopause we can prescribe bioidentical. That means they're molecularly identical to the hormones produced by the ovary.

So that's what bioidentical means I like to put in human because they're really we want human. We don't want horse by we want human bioidentical hormones.

So in the beginning during perimenopause it would be supplemental hormones. And then when the ovary cease to produce hormones at all, then I call it still determined hormone replacement therapy.

But let's be real, no matter how hard we try, it's not the same as having a new set of 21 year old ovaries. We cannot do that yet. Maybe that will come.

And I know there are people trying to do things like clone ovaries, but it's not available. Not ready for prime time yet. We don't we cannot give you a new set of ovaries.

So we do the best we can by giving hormones to try to somewhat get to levels and rhythms that are similar to what a woman had when she was in her 20s.

But it's not the same. And so there are still going to be many challenges. So this is where the integrative approach of incorporating all aspects of lifestyle medicine.

Now, when you think about what we're looking at now as some of the key things that are involved in lifestyle medicine, it has to do with the gut. You know, we're talking about the gut microbiome, which turns out to be almost like the control center of the body in so many ways.

And the microbial population needs to be diverse. In other words, there has to be a big type of variety of different types of microbes, and you need to have certain specific types that are called commensal, like the good guys.

But you don't want to have too many of them either, because it's not just it's good or bad. Often it's, well, do you have the right proportions? You know, it's like, you know, they always talk about, you know, the poisons and the dose.

So you can have too many good guys too. And then you have an imbalance and it's, it's a problem. And when you go through perimenopause and menopause and this is proven I mean there's a lot of published data on this.

There is an alteration of the gut microbiome to become what's called dis biotic. That's abnormal. That's not good. And then when you don't have the right gut microbes, they don't work in a proper sort of synergy with our own cells that are in the gut to create a protective mucus coating like that covers the lining cells.

So when that happens and you have toxins in the gut, we call them like endotoxins or lipopolysaccharide. These toxins in the gut don't have this protective mucus wall to keep them away from the lining.

They get right up to the lining cells, and they start degrading the little fibers that hold the cells together in our intestinal lining, and the cells start to drift apart.

We call that impaired intestinal barrier or leaky gut. And then these toxins from within the gut pass through these passages between the cells into the body proper and create a lot of havoc involving inflammation.

And it turns out that also, all the member I said, every every organ system and the body has receptors for estrogen, well, so to do the immune cells and a big proportion of the immune system resides around the gut.

That's called the gault the gut associated lymphoid tissue. And these immune cells, because they don't have proper estrogen receptor attachment, because you don't have enough estrogen, they go into a more pro-inflammatory state.

So it takes a lower amount of these toxins coming out to create a bigger inflammatory response. So now you have all this inflammation that's being created and it goes throughout the body, including into the brain, in the vascular system.

And underlying most, if not every chronic disease associated with aging is what somebody very bright called inflammation. It's inflammation, uncontrolled chronic, low level inflammation that causes all of the havoc that surrounds aging.

So this all starts with the gut. A lot of it is, you know, the loss of estrogen. And then of course we add to that, you know for dietary choices doctor this is such an important topic because it's one of the diseases of the of this decade that is underdiagnosed by most doctors and under educated or realized by a lot of people and women aged 40, 50, 60, 70.

They're saying a little bit tired. I feel a little bit like a less energy is something brain fog and they're looking into, and they end up with a diagnosis of your depressed.

You're tired, you're sleeping, and they get on pills that have nothing to do with leaky gut. But leaky gut is a big phenomenon. I'm pretty happy you mentioned it.

It's with aging we have less hormones to defend it. But also the food with eating is just and all the preservative, the grilling. We're we're eating food in America.

That's very pro also breaching that gut lining. And it's getting toxins in the body that we haven't sustained before or the body has never met before.

And it's creating this sub. And I want to clarify to everyone this is a sub condition. This is why you go to your traditional doctor and he's like for your age to see the inflammation is within normal for your age.

The you know this metric is within range. Yes. For your age. You know we know you lose a little bit of muscle. Yes, we know you have a little bit of gut gut health or this space, but this is very important to treat.

First is what functional medicine exists is to come come back to the root cause. But there are ways that we can decrease the impact of this by treating the root cause.

And maybe Doctor Gersh can help us understand what what would you do with your patients when they have when you're suspecting they have a leaky gut, what do you do for them?

Well, I give them certain supplements that can help, like butyrate. Butyrate is a short chain fatty acid. It's a metabolic byproduct of fermentation by good bacteria with the fiber you eat.

And it's one of those catch 22 seconds. When you don't have enough uterine, you have more anxiety because there's actually binding sites on the vagus nerve, which is a part of the autonomic nervous system that keeps people in that state of like calmness.

They call it rest and digest. So we need the butyrate. And if you don't have the right microbes in the right diet, you're not going to make it. And it's very important as food for the gut lining cells.

So it has multiple purposes. It also creates signaling with the liver. So it's really important. And then I will give a couple of other types of supplements like glutamine which is an amino acid that the gut lining cells also love.

Gut Health, Leaky Gut, and Diet

And then I have to think about nurturing my gut microbes. So what do they love? They love fiber. And they have a dance with the different polyphenols that are present in plants, like fruits and vegetables.

And so I want to give a diverse diet. I really don't want, you know, I want restrictive diets in that you restrict ultra processed food. But when it comes to like whole real foods, like from nature, from the farm, right off, right off the field.

I want diversity because diversity of diet breeds diversity of microbial populations. So I want people to eat across what they say, all the colors of the rainbow, vegetables and fruits of all different colors and all different types.

So you want to have I mean, the goal. I know this is hard to do, but would be to have three, no more than three meals a day. And we're going to talk about timing of eating.

So you got to give your gut some rest time. And that's another very important thing. So it's what you eat. And it's when you eat and sometimes when you don't eat okay.

It all figures in together. Excuse me. It all figures in together. So when you eat of diverse diet and you get a diverse microbiome and you have a lot of fiber and fiber from food would be things like from legumes, beans and lentils and root vegetables and whole grains like the on the ancient whole grains like quinoa and buckwheat and millet and amaranth to a lot of these grains people never even think of or don't eat, and you eat them in the whole form.

So I'm not talking about buckwheat pancakes with maple sirup. Maybe special treat, but not on a routine basis. But

you know, you cook them like you would cook rice.

And for rice, the best rice for what I have learned is basmati rice that has the most fiber. And so you want to eat portions of these in your diet as well as nuts and seeds.

So it's heavily plant based. So it's a plant focused diet. Yes, very heavily plant focused with a little bit of animal but not a lot. It's like maybe just like three ounces a day, but you're not in a protein deficient state.

So proportionately it's a low protein diet because you're eating so much fiber, you know. But it's not like you don't get enough protein at all. It's just proportional.

Like from a percentage wise it's not high. But in terms of quantity, it's plenty. And we don't want to overload the body with more protein than can be incorporated into lean body mass like muscle, because then it just turns into glucose and it's actually pro-inflammatory.

So you want to have loads of plants, all diversity and you know, and eat like no more than three times a day. Stop snacking. You got to give your gut a rest.

And every time you eat, you're going to start raising your blood sugar and insulin. And insulin is a vital hormone. But like anything too much of a good thing and it becomes not healthy.

And so we also have problems with women as they transition into menopause with their glucose regulation, the glucose transporters that gets glucose out of the blood into the cells is very much modulator regulated by estradiol, and so is fat tissue, the fat hormones like adiponectin and leptin.

These are also regulated by estradiol. So we have to look at so many aspects of health to try to get proper regulation of adipose tissue, because most women start finding they're getting belly fat.

And the invisible visceral fat, which like you mentioned, like creates more inflammation. And this state of inflammation is so harmful. So we have so many different avenues.

Well, people frequently asked me like why it took why it took 13 years to discover prolong and why it took $48 million. And why? Why, besides the fasting mimicking aspects, we tried to take care of exactly what you just described, what you describe, the variety of soups.

And this one we have those varieties legumes, seeds, quinoa, the varieties of and a lot of people doing prolonged. They just told you for the fasting or making properties when they do it for gut health.

When we start with the last survey, I was very, very surprised that around I think it was the number was 12% of all honors. They do it for gut health issues.

And as we know, fasting that health is important. All these bacteria that live waiting for the next meat or the next preservative that we used to have, they actually died because they cannot survive windows.

And then you change the flora, you change the microbiome to a plant based one that you're describing how the gut line of the intestine to decrease inflammation, to rest, redevelop and then go into a healthier, healthier direction.

So I wanted to wanted to clarify that there's so many aspects of life, starting from the gut and the gut microbiome, that any new intervention has to think about all this.

360 yeah, absolutely. In fact, we have had data that goes back quite a few years showing that when you add a lot of animal protein into an unhealthy gut, which is what is universal in our country, but also in the world, and also in all women going through menopause, that they're going to have this creation of a despite gut microbiome.

And when you add an animal protein, you can actually make toxic nitrogen waste products that are not healthy.

They're really toxic. One that has been studied is TMA, which then gets converted to a toxin, TMO, which is also a marker.

It's a toxin in itself and it's a marker for cardiovascular risk. So you know, it's like I always talk against the so-called carnivore diet because people don't realize that our microbes love fiber, and there's none in protein that comes from animals and these other products that are in animals that really are not aligned with creating the right environment for gut health.

I mean, so it's really important for people to know that. And and as a side note, a lot of times people say, but I feel better when I eat just like animal, you know, I'm just eating steak and chicken all the time.

The reason for that is in the long haul, not good. It's if that happens and you say, I can't eat salad, I can't eat vegetables, it makes me feel ill. That's an absolute red flag that you have a problem with your gut microbiome, and that when you're adding in plant based foods, you're actually, you know, growing sometimes the bad guys.

And that's why, you know, you have to work with a medical professional because the goal isn't to keep starving out your good microbes by lack, by giving them no food to eat, nothing to ferment.

So you don't want to kill all your good guys because you're trying to kill all the bad guys. That's why we've learned. That's why one of the things that attracted me so much to doing intermittent fasting and fasting, mimicking diets like prolonged, is because it actually helps to reestablish and develop a healthy microbiome where you're not trying to kill all your microbes out, you know, the good and the bad by starving everyone, by not giving anyone any fiber that you're going through this process of like resting and feeding and giving the right foods and and then you're adding in, of course, the right other things like sleep and exercise and, you know, hormonal balance and trying to avoid environmental, toxic and exposures, you know, the chemicals that are so ubiquitous in our environments and in our food sources.

When you're eating ultra processed food, which is a big part of most people's diets, it's like shocking when you think that chemicals are part of our food and that's considered okay.

It's not okay. You know, it's like wild that that ever was ever thought to be okay. And so we know now how to rebuild. And it takes time a healthier microbiome.

But the solution isn't to starve everyone because in the long term that is not going to give you healthy longevity. So it's a false feeling of this I feel better, but you're not getting what you need.

It's not helping you. It's like when people, if they go on drugs and they say, I feel good, but you're going to be a drug addict. That's not the ultimate solution to your problem.

So starving your gut long term by giving only animal protein is not the solution, guys. Yeah. The other aspect intake. This was a very important bracket on gut health for for women through menopause.

And I know also you look a lot at women's when they go through a pause their metabolic health. Right. The cholesterol the blood pressure the triggers survive the body weight.

They start the muscle loss that women go through that period. And a lot of them, they end up going to to one. A lot of the doctors today is hey, C might be tied.

The LP one is going to help you lose the weight. There's some recent data is going to help you with cholesterol is going to help you with triggers. The ride is other doctors that consider prolonged for the opposite of those reasons and for rejuvenation muscle protection.

So can you can you talk about how in your clinic you consider those interventions and what do you what do you recommend for women going through menopause?

Stated well, based on the current state of knowledge in most patients, I'm not saying there can't be exceptions like people who are maybe morbidly obese and they're like 4 or 500 pounds, but that's not my typical patient.

So in a typical woman who's heading into menopause and she feels like I'm ten, 20 pounds overweight, or I'm gaining 5 pounds a year or something like that, the last thing I would want to recommend is that she go on a GLP one agonist.

Now recognize that these are not bioidentical peptides. I mean, these are mimics. It's really important that because people think that they're getting the real McCoy, they're not actually getting the real thing.

And this is not how peptides actually work in the body. So peptides come and go like little flashes. Okay. Then they're in different places at different times in different amounts.

So you're not going to get physiologic replacement of something that you need. It's really different. And the like these drugs like if you look at semaglutide that's been around for many, many years as a treatment for diabetes in much smaller doses than what are being utilized in drug doses for weight loss.

And the same thing for when you're looking at it. You had to increase the dose like triple the dose, at least in order to get this weight loss. And a lot of the weight loss is really coming from the fact that you are altering gut motility.

So you have really slow emptying of your stomach, and that makes you feel full all the time, or even nauseated all the time. So some people can't even tolerate these drugs.

So what really people are ending up on is a starvation diet. Now, we have tried this for for generations, like trying to lose weight with a starvation diet.

And it doesn't work because number one, no, almost no one wants to be on a starvation diet for their whole lives. And that's why they're recommending that if you go on these drugs, you stay on them for your whole life, because if go off of them, you will regain all or most of the weight.

And the weight you regain is most, if not all fat. Because explain that. Yes, please explain that because it's so important for women to listen to their their swapping muscle with.

Absolutely. And and this is so critical and especially like you talk about women going into menopause. And I'll explain that in a second. So when you use these drugs you are losing.

And this is okay. So this is the data from the company that makes the branded semaglutide okay. This is their data, not mine. That you will lose of the weight.

You lose 40% is lean body mass which means it's predominantly like muscle. Okay. So this is precious material. Muscle is what burns glucose. Muscle is essential for motility.

Muscle is not optional. Sarcopenia is a sign of frailty potential and early demise. So this is not a little matter.

GLP-1 Drugs vs Fasting-Mimicking Diets

And estradiol the the estrogen that's made by the ovary is critical for muscle function and muscle health. And so all women start losing muscle mass. They everyone knows about losing bone when you go into menopause.

But what most women don't know is that you lose muscle too. So now you take a woman who is losing muscle because she's going into menopause. And even when we give hormones, like I said, it's not the same as being 21.

Okay? So it's not going to be ideal in terms of like having everything the same. So you got to work hard to maintain your musculoskeletal status like muscle.

So now you're taking a drug that causes you to lose significant amounts of muscle. You've already in the process of going through menopause, lost some muscle.

And when you don't have enough muscle, you are going to become diabetic. Okay? I mean, that is just a fact. And and frail diabetics, the ones who are like what they sometimes call them, the sarcopenia obesity cases, they have very little muscle and yet they have visceral fat because they they can't burn glucose.

They don't have the tools to burn it. They don't have the muscle mass. So this is to me, not the way this is not the route to healthy longevity. And I'm so glad you gave me this pluck because this is like such a huge now.

And now they're showing that bone density is decreasing with the glow and the semi tight. So even worse for many women. And this is very we're not here to attack that class of medication because again if you're overweight big time, if you're still a little bit younger it's your full fledged diabetes.

You want to lose the first few pounds before then you go on something else. Probably there is a there's a time there for a GLP once, but what's happening today with the craze of everyone taking them for a few extra pounds, especially if you're after menopause, you're swapping your muscle with fat and they say, no, I'm losing weight.

How am I swapping? The day you stop them is the day you're. The new food is coming. You have lost your muscle, your metabolic rate is slow, and therefore you're going to pick any extra within the food back into fat.

And this is a very fast, precious circle because it will get you into insulin resistance and back into diabetes fast. Oh my gosh. Yes. And what we know and this is their own data right?

By two years out 75%. And this we don't know three years is probably 90%. But by two years out 75% of people have abandoned using the drugs okay. They're off the drugs.

So if you take someone and they lost, say 20 pounds, okay. Of that 20 pounds, 8 pounds is muscle. Now say they're very careful and they regain of the 20 they regain 16.

Well that whole 16 is going to be pretty much fat. So at the end of two years you're down 8 pounds of muscle and 4 pounds of fat. That is not a good trade off.

That muscle is almost impossible to put back. And so yeah, you know, with the group one the and they're growing very fast in the market. A lot of food companies actually suffered from that.

Right. The traditional dieting and food companies the opposite has happened to prolonged where prolonged is growing even faster. A lot of the doctors are actually swapping GLP one with prolong or just doing short period of 21 and then prolonged or not doing them and going to prolonged.

And can you explain why a physician would go this route of doing the fasting, mimicking and prolonged versus a GLP one or other intervention, especially at this age?

Sure. A lot of people are now seeing the large number of studies coming out saying DLP one agonists are not just good for weight loss, they're good for kidney function, they're good for cardiovascular function, and so on.

Well, that's what prolonged is good for because you're lowering inflammation and you're improving gut health. And so but the beauty of prolong is that you maintain your lean body mass, but you get rid of the disgusting, horrible, unhealthy visceral fat like fat in the liver.

I mean, your data on helping to eradicate what's now called metabolic steatosis, which is an abnormal deposition of fat in the liver. And by the way, if you find that you have nonalcoholic fatty liver now called metabolic steatosis, you can be sure that you have abnormal fat deposits, not just in your liver, but in your bone marrow, in your muscle, in your heart, in your pancreas that, you know, so it's a real metabolic dysfunction that is hugely unhealthy for your body.

And when you do prolong, you actually maintain the lean body mass to a huge degree and you get rid of this really unhealthy, pro-inflammatory, visceral fat like in visceral meaning within your internal organs and of course, the yucky unwanted belly fat.

And that's really our goal. When we want to get optimally healthy, we don't want to lose our support fat. That's like between our toes, you know, that we then we can't walk comfortably.

We want to lose the unhealthy visceral fat, and we want to reduce that chronic state of inflammation. We want to improve our gut function. We want to improve our gut barrier.

We don't want to destroy our gut motility, you know, and then people can get gastroparesis where the stomach doesn't empty. And there are some reported cases with the GOP one agonist that it doesn't come back, you know.

So these are concerns. These are real concerns. You don't want to interfere. Women with aging have enough trouble with digestion. After menopause, women surpass men in the incidence of Gerd, gastro esophageal reflux because things are not working right.

The entire gut and nervous system. The motility of the gut is dependent on proper estrogen, and it changes in a negative way after menopause. And then you go on these drugs and it makes it worse.

But none of that happens when you're on prolong. It's it actually works to improve mitochondrial function through the search system. And that's like a whole complex thing we can't really get into.

But there are these enzymes called sirtuins. And it turns out that they're part of like the whole beauty, that there's a lot of research. Maybe you're talking with other people about these.

Histone deacetylase is called the sirtuins. And there's several types of them. And some of them are involved in peripheral metabolism. Some of them are involved in mitochondrial metabolism like SERT three.

And it turns out that estradiol works in a beautiful synergy with these enzymes to maintain metabolic optimization in the mitochondria, which are the energy burners of the body and control the cell cycle, like when cells are born, when cells die.

All of that is a beautiful synergy between the sirtuins and estradiol. And the search winds are, in terms of their activity, modulated in a very excellent way by proline, by the fasting mimicking diet.

And there's I mean, Walter Longo had such amazing research on this through many different species, you know, including looking at the little the little worms that he would research with.

You know, that these are conserved pathways through many different types of creatures that have lived on Earth, going back to really long ago. And, and these pathways are all about metabolic optimization for the organism.

And these metabolic processes involving these critical critical enzyme systems are modulated in a very good way. By adding together your estradiol and your Pro one.

It's a beautiful synergy there to actually improve all of these metabolic functions and to have more optimized mitochondria, which create energy, you know, which is like critical and all these other functions in the body.

None of this is regulated properly by just giving these GLP one agonists. And by the way, the GLP one agonists, you know, like I said, the not the real thing, but what about real GLP one?

What what helps your body to make it naturally. Right. So it turns out that having estradiol by exercise, by eating fiber and by fasting, you will increase your GLP one naturally.

Because remember these are natural peptides like you know the other ones. Like there's many, many peptides in

the body. You know, there's kiss peptides.

There's you know, VEGF, vascular endothelial growth factor. There's all kinds of different peptides VIP vasoactive intestinal peptide. There's the Pip.

There's all these different peptides in the body. There's like a whole world of peptides. And the body makes them when they're supposed to be made. When you have proper metabolic homeostasis, by incorporating the right foods, trying to balance the hormones properly, doing the right things for other lifestyle, you know, fitness and sleep.

And by incorporating proline into your approach for healthy longevity, you can actually help to activate all of the proper production naturally of these peptides so that you don't need exogenous mimics of these peptides.

Well, I third chapter, thank you. This was an important bracket. And I think like a lot of time there's a crazy something. And then the science comes a little bit later to uncover the truth.

And I think you're preemptively helping a lot of people to learn the truth before it comes out. And I want to open a third chapter on pause, which is the importance of center vitality and cellular rejuvenation, because I know you're super passionate about it.

And I remember the first time I saw you presenting in a for doctors in a big crowd. You mentioned this word of miracle of biology that we get to bring back.

And I started using that expression around RFC. Can you talk a little bit about how important is to keep cellular vitality at that age and and how fasting, since this is a fasting and longevity summit, how fasting can help with that?

Well, absolutely. So everything we know and I don't know, the Chinese got it right so many thousands of years ago like the yin yang. Right. So sometimes, you know, there's some like lovely music about this.

Like, you know, there's a season for everything. Sometimes we, you know, sleep and sometimes we are active and sometimes we eat and sometimes we fast.

And that is so critical for maintaining cellular function. And the mitochondria, there's so much focus. I always believe in the mitochondrial theory of aging, because these little organelles that reside in the cells of our body that we know create through the what's called the electron transport chain, it creates ATP, which is energy.

And that's like critical because like energy is everything. Like if you don't have energy, then you can't get off the bench, you can't get out of your bed.

You know, like when you go to the park, you see old people sitting on the bench and all the young kids and younger people running around. It's not because old people love benches, it's because they don't have energy.

They want to get up and run around. They just feel I don't have the energy. I can't do it. You're tired and that's such a common complaint. Like, I'm tired, I'm always tired.

And that is like lack of adequate energy.

Cellular Vitality, Mitochondria, and Rejuvenation

We know that you need energy in your brain so that you have brain function in your heart. So you don't go into heart failure. You need energy for mobility.

So these mitochondria are critical for creating energy. And so we talk about metabolism the production distribution storage utilization of energy like that is so critical.

And you want to have energy intake which is eating to match energy needs or utilization of the body. And all of this is critically managed, but ultimately mismanage in the body when you don't have all the proper nutrients and hormones and such with aging, but also in younger people, this is now getting mismanaged.

And that's why people have dysregulated appetite and binge eating disorder and that type of thing. So we want to get energy back on track. So mitochondria are critical for that.

And key in terms of mitochondrial function and health is of course avoiding chemicals that are toxic to it. But doing things to support the health of mitochondria.

And we know that the enzyme that we talked about, sirtuin three, which is histone deacetylase, is very much managed and in large measure by when you eat and when you don't.

And so it's amazing that your mitochondria will actually be functioning better and healthier, will say happier if you can put a little smile on your mitochondria.

If you have both the proper hormones and the proper food. But you also do this type of fasting that is provided by a fasting mimicking diet, which, by the way, is the only kind of fasting I can do because I've tried.

By the way, water fasting I last like one day. So, you know, there's like that's the brilliance of it is that you eat, I call it I labeled it stealth food, by the way.

You know, your body doesn't see it, but you know, your brain sensors don't see it, but you get to enjoy it. And so you feel good about it and your body gets the nutrients.

It's like the most clever thing ever. So in terms of mitochondria, not only do we now know mitochondria create the production of energy and maintain that in every which way, but it also controls what's called like you've talked about the cell cycle.

So this is like so amazing. Like every cell has a lifespan. Well not most every cell. Most of the cells in your body are not the same cells you were having in your body the day you were born.

There's only a few types of cells that live your entire body with you. Most cells come and go and they get renewed from the pool of stem cells. Okay, now what determines when a cell should die?

Does it just die? No, it actually has to commit. Like pull the plug on itself. That's called apoptosis or programed cell suicide. If you don't do that properly, you get the body of old, what we call senescent cells.

And some people have labeled them zombie cells. They're old cells that are creating inflammation throughout the body. And they can also they can also turn into cancer cells.

They have like what they call misfolded proteins, and they can have DNA instability. So we want to kill those cells off. Well, the mitochondria control both the birth and the death of cells when cells should die.

And it works in conjunction, by the way, little plug here with estradiol as well, that estradiol has receptors in the all aspects of the mitochondria including regulating this function as well.

So you need estradiol, but you need to work to maintain your mitochondria by doing everything else you can. And that includes by doing prolonged, because proline will help to maintain health of your mitochondria and the proper function of this enzyme, which is so critical for maintaining the mitochondria ability to control the cell cycle so that you can kill and you can create.

And we know that from the data that in the research animals and such that when you do prolong that you actually ultimately can potentially and you know, even more than I do about this, I'm sure.

And what the most recent research, you can actually improve your cell supply of stem cells, you know, and you really need to have stem cells. That's what everybody I want stem cells. I want stem cells.

Well, you want to have your own stem cells, right. That work so that you can rejuvenate your body. So rejuvenation and replacement of cells and killing off old dead, you know, the cells that should be dead is a very key role of the cell cycle and essential for healthy longevity.

So these are some of the really key things that everyone should know about. And other things that can help with improving mitochondria is like basic things like exercise, you know, so you know, you want to you don't want to do one tool.

You want to take every tool that's like the whole idea. You want to use a multitude of tools, and they work beautifully with synergy to actually optimize mitochondrial health and function for the duration of your life, which we want to be at least 100.

Yes, doctor. Gershon, your clinic, how do you prolong? What is the protocol? I know the the article on three times per year and the bio age if you want to touch on that.

But for the women going through menopause, for the muscle protection and metabolic protection, the artificial that you mentioned and gut health, what are the protocols?

What how many times per year and how do you use it? Well, I start all of my patients on what we call the anti-inflammatory gut liver reset. So I learned this, that when people do not have what is termed metabolic flexibility, that's where they can, like seamlessly convert from burning glucose to burning fat when that's called metabolic flexibility.

That's why people should be able to go an entire day without eating and not feel like they're going to die, you know, like, oh my God, if I don't eat something, I'll literally die.

Because virtually all of us have fat stores and we can convert to just burning fat. No, for, you know, a long time and feel perfectly fine. But some people are not good at that.

So I take a month or sometimes two to work with my patients to do what you might call a detox from garbage food. You know, like, you know, get off the ultra processed food, get off all the added high fructose corn sirup, and stop snacking all day long.

You know, try to get a good 13. Like preferably, you know, 1213 our fast from dinner to breakfast.

ProLon Protocols and Closing Remarks

Stop snacking. So I work with sort of I might call it there eating hygiene. Right. So I try to work with them to detox off of all the bad food, get on to healthy food, get into a regimen of timed eating through the day, and getting your fasting in at night.

And so then we're promoting metabolic flexibility. And then I introduce the prolog so that we know we will be successful. Now I do individualize this for the healthiest person.

I tell them to do it every month for 3 to 4 months in a row, and then three times a year, four times a year. But that's not my typical patient, because most people come to see me because they're they want to get healthy.

They're not quite there yet. And so for people who have insulin resistance, who have nonalcoholic fatty liver metabolic steatosis, which I screened for routinely, they have atherosclerosis.

You know, we know they have problems with metabolism. They're overweight. You know, they we do body compositions. They have a lot of body fat in bad places. Okay.

So those women I ask them to do it every month. I just say every month. Let's try as long as we can to do it every month into we get to goal. So let's plan like we'll do our first chapter.

Let's see if we can get six months. Okay, then we'll reevaluate. And if we're not at goal and once we get to goal, which would be reasonably your ideal weight and your body composition, you know you don't have fatty liver.

So then I would go to four times a year. But if you haven't reached your goal, I'll say, well, let's try to keep going. You know, if you miss a month here and there because you're on vacation or it's a holiday, then so be it.

Just start up again, right? And and then on the days when you're not doing the prolong, that's when I incorporate the plant focused diet along with all the other lifestyle tools.

And, and you know, you just have to keep giving encouragement. And you know, the I found this out personally, the more you do it, the easier it is. I mean, when you get really good at doing prolong, you could, you know, you know that you could go and fast anytime you want, you know.

And then I also incorporate the one day fast with prolonged for people who are like on say a maintenance or they went on a cruise and they gained some weight.

And you know, we just want to try to get them back to their weight, but they don't need to do like every single month, say, a prolonged. Then you could incorporate like do the five two where two out of seven days you do a prolonged one day fast and just to like reboot I call it like reboot, you know, after you were cheating on a cruise or something.

Yes. Well, I appreciate you time. I could talk with you for hours. Your wealth of information. You're changing so many patients lives. I love the fact that you always go to root cause.

You look at it, you screen. I know how much you spend tons of times with your patients. And to really get to know them, really get the root cause of what's, you know, leading to their health condition or some health condition, and you try to work on the root causes to reverse the conditions they have and offer them a chance at a healthy, long life.

You've written books about that. I would love for you to mention a couple of your books because they're life changing, so I want our crowds to be exposed to them.

Can you mention a couple of your books? Sure, and I hope I have more coming out in the future. But what I have now, I have my PCOS SOS book, which is really a foundational lifestyle book for all women with PCOS.

But actually you could read it no matter what your problem is because it's foundational lifestyle and PCOS. S. O. S. fertility fast track for women with fertility problems trying to get pregnant.

You know, after just like three months, you really get healthy and optimize your metabolic status. And then I have menopause 50 things you need to know.

And I really think every woman needs to read that book because you need to know. Like I always say, you need to know what you're facing and then you create the solution.

But if you don't even know what the problem is, you need to know what really the parent, like you said, the different stages of menopause. It deals with all the different issues that every stage of menopause poses.

So I think you'd need to know what you're getting into as you get into these years that are often half of your life, you know? So we need to know we need to get more education out.

And that's what I'm trying to do. You very much, doctor. Thank you for your time today.