Opening and longevity introduction

I used to tell women, be grateful that you live in a country, that that we can do that. Use an epidural and I can put a little bikini cut in you, and I can take this 8 pound baby out, and it's okay that you don't deliver vaginally.

And women could not come to grips with that. They would cry capable of a C-section. So they would feel like if they if they don't squat in the bush and have their baby, that there's a problem and there's a little bit of that in the menopause, aging space like, I'd get a medal if I go through it without anything.

And and I think there's a double whammy with that, because as a 60 year old, you don't know when you're 50, what it's like to be 60. And there really big changes that happen.

So you're still kind of feeling somewhat reasonable. Or maybe you're like, yeah, I've got these cognitive changes, but I'm getting a little older, but I'm going to push through it and I'm gonna push through those flashes.

But you don't realize that what's happening is, is that you have estrogen receptors in your blood vessels. So you are getting hardening of the arteries and decreasing blood flow to all your organs.

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Hi everyone and welcome back to Rad Cast, where the future of health, science and human potential converge to inspire a longer, better life. I'm your host, doctor Melissa Carol Peterson, and today's guest is not just advancing the science of longevity.

She's rewriting the rules on what's possible. You are going to love her. Doctor Diane Ginsburg is a board certified ob gyn and a globally recognized leader in anti-aging medicine.

As the principal investigator of two IRB approved young plasma studies. She's on the front lines of exploring how young sex identified plasma infusions can significantly reduce the pace of aging and transform outcomes in neurodegenerative conditions like Ms.

and Parkinson's. With a powerful blend of clinical excellence, cutting edge research, and a personal commitment to peak performance. She's an Ironman athlete, by the way, and you're going to find out about her Spartan path right now, so get ready.

She is the hormone optimization expert and so much more. Doctor Ginsburg brings both the science and the soul of regenerative medicine to life, and we are going to get into it today.

Doc, welcome to Rad cast.

Hormones, menopause, and aging

Thank you so much for a lovely intro. Thank you. Oh my gosh, you're a dynamo. Like, I was so excited to get to

have this conversation today and so, you know here's just a little behind the curtain peek everybody.

Doctor Diane and I have been chatting for about the past 20 minutes, and I'm just like, oh my gosh, this woman is like my soul sister. She is just going to bring it today.

She is a truth teller and she is dedicated to just really having an honest conversation about what is possible from the here and now, to really create the future and the lives of our dreams in the healthiest expression.

So doc, gosh, there are so many places I want to go today. Is there a place you want to jump into first? I've got questions. I do, but I just figure, like, is there a place like you just want to jump right in, or you just want me to ask you what I got to ask you?

So, so a little bit, maybe kind of for people to think about. I deal mostly with women. So, so my, my background came from actually delivering to kids with learning differences.

So that kind of got me into functional medicine and understanding how you can change the brain. They told me my one of my kids would never talk of all kinds of problems.

Meanwhile one is a doctor and the other just graduated with his master's. So I learned how flexible the body is, and then we see infertility right through my whole career that all of a sudden then you can have a baby.

And then what started to happen is right, women hit menopause and they're miserable. They don't feel good. And now we know the benefits of hormone replacement therapy.

And one of the sad things right about it is, is that the Women's Health Initiative came out in 2002. Women threw their hormones away so they were miserable and were seeing, I think, some of the negative side effects of that. Right.

The women that are in their 70s and 80s had Alzheimer's and Parkinson's and all kinds of neurodegenerative diseases. So, so we don't want that for a future.

We don't want that for us, and we don't want that for our kids. There's a big motivation, right, that if the aging population doesn't have some thing done to keep them healthy, it's not just about longevity, but it's about building a healthy longevity.

If we don't take them step by step through that, my kids can't afford to to take care of us. So what what I, what we trying to do in research from what do you do practical tomorrow that is in the MD medical okay I can do world not just on the research bench too.

What do we have available in our transition therapies for longevity. And then let's keep everybody healthy till we can get down that road. And that's where a lot of the hormone balance meets nutrient balance.

Need to microbiome that everybody talks about leads into young plasma therapy. That is plasma is approved by the FDA. We hang it all the time in the hospital.

It's got rejuvenating factors in it. And and what can we do to people for people that can get that therapy to them? Reasonable, easy to really help them never get into to any kind of the chronic disease trouble.

I love it. So hopefully what you all just heard is we are going to go on a journey today. And I think one of the things that you just said, doc, that is so important is it actually begins right here, right now with understanding how flexible and how miraculous the human body actually is.

And so it just brings to mind the story of Roger Bannister. You know, everybody said for a minute, mile couldn't be done. And he's like, yes, it can. And I'm going to show you it can.

In essence, that's the short version, right? And I call it it's when the impossible becomes possible. It's the same thing of how do we how do we currently view aging?

We all hold a belief system about it, whether we mean to or not. It's programed in, in the unconscious. And so when we can shine a light on something and we can all of a sudden question it, so you question well I'm do I have to accept that this is what the fate of my son's health is going to be?

No, I do not. Let me see what else could be possible. So I really first and foremost want to applaud you. I want to invite each and every listener today to let's call in, in this moment, the power of curiosity, of potential and possibility, and to be willing to be flexible, because from this place, right.

It's not about to your point, there's lots of cool stuff coming. And we're going to talk about that today. Yeah. If we start right now and just be willing to open ourselves to maybe learning something new and to be reminded of maybe some things that we have forgotten, what could we shift in our health and in the quality of our life?

And, and so let's dive in for a moment. The hormones, because those are really powerful signaling molecules in the body, and they shift as we age. And you said something else really interesting that, you know, women, when they get to menopause, they lose their hormones and they're miserable.

And now, because of the what happened with the Women's Health Initiative in 2002, we're seeing our our parents, our grandparents in their 70s, in their 80s in decline.

And could that have been prevented? So let's let's just have hormones 101 talk to us about why our hormones matter, what they are for our listening audience.

And, and then we're going to take a journey with that. So the, the literature will tell you. Yes. That, that when they compared women that took hormones versus women that didn't, there's less Alzheimer's and Parkinson's.

I mean, that's that's a fact. And here's a way that's really easy to think about that I've I've kind of put together you you're as long as your body's expanding when you're growing, whatever you believe about aging, there is a component of physics that affects us.

Right? I always say, if I could keep my car really, really clean, does that mean I would never need to buy a new car? No. Even if you sit in the garage and you clean it up, the molecules are just going to kind of wear themselves down.

So as the body expands or growth, we we don't really age, right? We may go around the sun more, but our body expands so we don't break down as well. Once we stop growing, we sort of flatline a little more.

And Paleolithic times, that would be perfect because we would procreate at around 40. I tell everybody to think of the corners of your house. The dust starts to collect, right?

The little dust bunnies start to pick up. And that's what happens in the body. The microbiome diversity starts to go down. The ability of the smaller peptides and hormones to be produced, they can't quite be made as well.

The system starts to be less efficient as you get through your 40s, especially for women. Now, the ovarian ability to generate estrogen, paired with the connections that are there that the it's like your your cell phone.

As it gets older, the software doesn't talk to the sky anymore and you can't quite get the app you wanted to get. It doesn't download as fast. That's really what happens.

And we call that perimenopause. And men actually have a little bit of that too. There is a testes brain connection. So the ability of the machine to talk to each other, it falls apart.

The number one thing that is falling apart in that is vascular parity is your blood vessels. So when you lose vascular

parity and flow everywhere, you lose tissue optimization.

You lose your ability to support your system. So then what happens with women, especially now as we get into our mid 40s, the dust bunnies get bigger, the brain and blood flow changes and we start to see cognitive changes even before hormones drop.

Now, as the ovary starts to fail and the connection gets worse and the over says, I don't feel like working today. What then happens is, is that the brain doesn't get as much estrogen and it doesn't burn glucose as well.

And the burning glucose is actually what keeps your bioenergetics of your brain working. So now estrogen drops, you don't burn the glucose, you start burning fat and you actually burn the fat that's in your brain.

So it's kind of creepy. There's a study that I read that said, you know, the brain compensates for changes in hormones that says your brain shrinks. Most of us would argue, I probably don't want that.

I don't want my blood vessels to shrink, and I don't want my brain to shrink. So what then? Now, as you get into the 50s, the ability of the system to just organize itself doesn't work.

To create the energetics doesn't work. And that's where replacing your estrogen and progesterone, you can do plasma removal, plasmapheresis where they remove it.

You can eat right. You can exercise. I do all of that. Your hormones are still going. They're gone. Right. There's a there's a law of physics that just drops it all down.

And that's where replacement comes in. Bioidentical approach rate hormones. All the old studies were done on prem which is worse. Pee and fake progestin adding back estradiol I add back in women S3 all which is probably could be a whole conversation on its own.

It is. The Austrian is the number one hormone that is used in the mitochondria to run your brain can't turn the electricity on, brain doesn't work. And then adding back real progesterone.

No matter how many times you try to keep yourself healthy, you're going to have to add that back. So now we're paralleling and we're not going down the hill as fast.

Now we're already adding longevity. Yeah. What happens right. Your exercise your focus. You can do that because you feel better with your hormones. The longevity revolution is about more than just searching online for a few hacks or any one of us moving our biomarkers in the right direction.

Bioidentical hormones and breast cancer concerns

It's about coming together to learn, share, to connect and create the unlimited future we want. That's why you need to be at Rad Fest 2025, in Las Vegas from July 10th to the 13th.

Rad Fest the Revolution Against Aging and Death is proud to be partnering for the first time with Doctor Aubrey de Gray and Longevity Escape Velocity Foundation.

The form the single most comprehensive, advanced, informative and inspiring event on age reversal for a general audience. Meet the people you want to make forever with Rad Fest 2025.

Take advantage of lower advanced pricing now at Man fest.com, you just gave us so much. Okay, I want to I want to just, go into a few of these key points that you just made.

So first of all, and I was actually speaking with Doctor Amy Killen about this as well. I really want to hear what you have to say, because you're an ObGyn and because you've dealt with this so many times.

Yes. The hormones naturally decline. Let's speak to the women out there who have breast cancer, who have gone through and they have been told repeatedly by their oncologist, even by their ob gyn, it is not safe and appropriate for you to go on to bioidentical hormones.

What do they do? What are you what's your thought on that? Is that actually accurate? How do we support that population of women? I would read, Avram Blum's book every, blood in my energy called estrogen matters.

He is an oncology artist whose wife developed breast cancer. He. It's a wonderful book. It's an easy read. It's on Amazon. And, he's on podcasts all over, and he will tell you that.

And there was a big quote that he has that, that shed that if women and it makes logical sense and we don't think about it, if estrogen causes breast cancer, then the number one group of women getting breast cancer should be in their 40s, because you become estrogen dominant with this crazy roller coaster of estrogen before your ovary fails.

So if anybody was going to get breast cancer, women in their 40s should be the number one group. And then what you should see is that the estrogen positive breast cancers should disappear in the 60s and 70s.

And they don't the numbers don't drop. So Doctor Blooming will tell you statistically there's so many benefits. They used to use estrogen to treat breast cancer.

There's also if you look online and you look up some of his information, there's a great article he wrote where you can see that hormone replacement elevated till like 2002 when the study came out and breast cancer started to was rising all along.

And I can tell you I think breast cancer was rising in women with genetics meets bad gut. Can't talk about estrogen. So your your system gets dysregulated and then boom the cancer grows.

But then everybody threw their hormones out. So it's now only like 3% of the country is taking hormones. Why didn't breast cancer go down. It doesn't. It's still elevating.

So blooming. And what I tell my patients is I give them my time to read that book and I tell them to, you know, get comfortable with and ask me any questions you have.

But I have a bunch of people in my practice with breast cancer that I tell them, take hormones because the negative that's going to come along with it.

If you work on your microbiome and you keep your gut clean and you make sure your detox is working well, and you get your sunshine and you get your exercise, and then you take your hormones, which now we're going to enable you to sleep and do all those other things.

I, I follow the oncologist and I'm not against taking bioidentical hormones and S3. All is very protective. It's immune modulating. It's very protective.

Anybody that says it's just in pregnancy is completely wrong. Look at the data. Show that they used it in MST. So we give when I give bioidentical hormones back I always make sure that they have a little more history.

All that their ratio is a little higher with it's trial. So it's protective. And my patients do very, very well. And that's what's going to give them longevity.

Are you ready to redefine aging and unlock your full potential as a longevity leader? At the Human Longevity Institute, our world class certification programs train doctors, coaches and wellness professionals how to deliver cutting edge, integrative longevity health solutions so people can live better today for longer, healthier, and more vibrant tomorrows.

If you're ready to join the Longevity Revolution, visit Human Longevity institute.com to enroll and become a

practitioner. Today. Yeah, I love that. I love that you do that.

And I don't think that really is spoken about enough. Everybody talks about estradiol, but that really is is the protective. It is. It's the it's amazing.

So that's exciting. Now you did just say something though about that I want to pass out for our listeners is bad. Got you got it. Like if we are not right like if we don't have a healthy microbiome, we are already we're not going to be able to properly detox the metabolize those hormones.

Talk about that process a little bit so people can have greater clarity. So so your your system has right your esophagus which feeds into your stomach.

Your stomach has a little bit of H. Pylori. So yes it's actually there that people go oh I've H pylori. It's a problem. No you have H pylori. It's the overgrowth that's a problem.

So the pylori keeps the stomach acid where it needs to be feeds into the small intestine which has a handful of lactobacillus in it. And then the trillions and trillions of bugs are in the colon.

Right. That's the gut. When we talk about that, there's there's I think the microbiome biologists will tell you there's like 2 trillion bugs with about 2000 varieties.

The number one thing that is going to keep you healthy is microbiome diversity. The more different bugs you have, the better you'll be. Why it's nutrition is a really another interesting book called Burn Burn, written by Herman Ponce Ponte.

And he's an anthropologist. Great book, where he lived with the Hausa, the hunter gatherers. And in the book he's talking about the efficiency of the system.

And he brings up Michael Phelps. And he says one of the reasons they think Michael Phelps was such a great swimmer wasn't just his muscle, but they think he had a bigger, more like developed gut than the average person so he could absorb more nutrients.

He could recover better, he could detox better. So it's really his gut that won the Olympics on top of the muscle, which differentiated him from everybody.

Well, the problem with aging is the bugs leave and women take a bigger hit because the bugs eat is fragile and then they need Castrol. An extra oil actually keeps your gut lining intact.

So Mother Nature is really smart, right? Caveman times, you come out of the I can have a baby tent because you can't have a baby anymore. You go into the grandma tent and we call that the grandmother hypothesis.

So they fed you a little bit because you watch the kids, but the gut bugs left, so your estradiol wasn't made, so your gut broke down. She got more leaky gut, more inflammation and more brain problems.

And Mother Nature took you out before the next crew came out of that tent. So now when you're starting to create longevity, you have to say, okay, what are the things I can do that are going to give me back more microbiome diversity?

The more different plants you eat? Women take estrogen, your estradiol, as your progesterone men. Make sure your testosterone is good. Do your lifting resistance training that keeps your other, proteins and peptides elevated.

The young plasma rex studies have shown that when you give young factors to old rats, their microbiome reverts to a younger age. The diversity that I had heard about that's super interesting 100%.

Gut health, microbiome, and hormone detox

That's why it works. Okay, so so let's fast forward into all of your work with Young Plasma. And I want to we're going to keep connecting dots. So everybody stay with us.

You know what happens when we get into our containers? We just it's like, hold on tight. We're going to talk about all the things. And I do want to make sure we come back to masculinity.

Like that's also, again, a foundational concept that we need to to talk about. But let's let's fast forward. So all of a sudden we know we need a the the bugs leave as we chronologically age.

And then that's going to further impair and lower our hormones, especially as women. And and it's going to create a whole host of issues of pro-inflammatory cascades in the, in the brain, in the body.

And it's just going to accelerate. Getting real simple. It accelerates that rate and pace of biological age aging. Right. So we're going to age faster, which increases our likelihood, our rate and risk of all cause mortality and chronic disease.

So we want to pump the brakes on that. That's just real simple terms right. So okay doc. So now all of a sudden in the literature we're seeing the young plasma is able to, when administered actually can help to reset the microbiome.

Let's talk about the studies you're overseeing. Let's talk about some of these results. Because this it's pretty exciting stuff. And I want to see what is possible with it and how we can leverage and access.

So take it away. So here's the hardest part of of the studies from a global picture. So what happened with the red. So show they we know plasma is safe.

So then longevity use of plasma comes in with the rats. Right. And the rats are easy because you can do whatever to the poor rat. And then look at the brain or look at the gut, whatever you need.

Right. There's tons of hormone studies. You give the rat estrogen, you don't get this rat estrogen. And then they throw it in water. And the rapid drowns. You go, oh, the guys, we didn't give this to women.

We didn't give estrogen to rats. They drown. You know you can't do that with people. So, so. Right. So it's a lot harder to move to humans to turn around and say, okay, what can I check?

So when we went down the neurodegenerative route, it was a little easier because you can say, okay, if you have Parkinson's, right? Here's the the different test with you.

Here's the motor part of it. Here's the the activities of daily living. Here's the overall how you feel. So there's scales that are used to determine, right, that the neurologists have to use to say, how is this patient doing.

Do I change their meds. What do I do? So in terms of what we found with Parkinson's, we took ten people with Parkinson's and gave them a liter of plasma a day off.

And then another leader. And then we did the same thing with B6 for the other group. And the reason they use we use B6 is because it's yellowish, like the plasma.

So even though the bag was covered, it's still had a yellowish color. So what we found not only objectively, subjectively that the patients would say, well, I feel better.

Mike and we talked to partners also, but when we did the Parkinson's scores, the, the, the actual motor and activities of daily living, we found statistically significant improvement in that in the people that had that had got plasma versus the people that got the placebo.

So you can truly see and then you take logic. It makes sense, right? If the part of the brain with Parkinson's is

damaged and there's inflammation there, and now you put the young factors back in, you can patch up the area.

So therefore the dopamine is more efficient. You can make it again the nerves get better. So it sort of makes logical sense what the ongoing look that we're doing now is what can we do to help.

Just nonspecific aging and what can we do? Like I had to put in my shoulder, what can we do to help joints even from a small level. Right. So so PRP platelet rich plasma. Right.

Take my old stuff. If I have say a leg or a knee or some kind of injury, you draw my old stuff, my old blood with my old platelets that clearly in the literature have less healing factors.

As I get older, crack them up and inject them back into myself versus taking some of the young factors and putting it in the knee, or putting it in a shoulder to try to stave off surgery.

And we're seeing huge benefits in that. The joint, everybody's getting better. So then the next step is, okay, what am I doing for aging? One of the biggest problems with plasma and aging is finding something that is truly going to tell you how it's working, and we've looked at everything.

The problem with epigenetic studies is that when you hang 2 or 3l of plasma in somebody, you sort of turn their system upside down a little bit. So if you think about it at a cellular level, it's sort of it's like redoing your house, right?

If you buy your house in 1990 and then in 2010, you say, hey, I'm going to redo it that month that you're ripping up the floors right and right. So paper, you're like, oh my God, I'm living in a hotel or in my garage.

It's a mess. And maybe you want to do that for three or 4 or 5 months, but then, wow, your house is beautiful. So the some of what we're finding and we're going to have to follow this long term is that the immediate benefit, you know, if somebody does a cold plunge they're not going, wow, I'm happy.

Right. Help themselves. But they're miserable. So so some of to make makes it a little bit difficult is some of the immediate stuff we saw. We've seen a bunch of people their hemoglobin A when C goes down.

So the pre-diabetes goes away. Their overall sleep patterns like on the loop band will get a little bit better. We've seen some patch of aging get better.

We've seen some piece of aging not but some people. Piece of aging didn't get better. And for months the patient felt significantly better. So where are they going to be a year down the road?

So the biggest thing we're looking for in using it in, in, in humans is because of the biological clocks and what they're trained on. Are they really going to be the optimal way for us to look at what young plasma does?

So right now we're in the middle of how do you feel. Plus looking at parameters and learning more. So just out of curiosity, are you stacking and combining therapy.

So let's let's look at you know, one of the things you said is especially for women that that are in their 70s and 80s, and we're seeing quite a high rate of cognitive decline, dementias, Alzheimer's, Parkinson's, especially in women.

And would there be that direct correlation because their hormones went away and they didn't really have access to it? Have you been doing any combination therapies in elderly?

I don't say elderly longer live patients that are maybe in that chronological category that are having problems combining now, bringing back in hormones, bringing in young plasma, potentially bring in I know in the young plasma there's different peptides, but potentially bringing in targeted peptides or some different things.

Young plasma research and clinical results

Have you guys have you and your team been doing any combo therapy like that, and if so, what do you do? The docs are yeah, a lot of the docs are. So right now we're at a point where it you kind of you do what you think is best for the patient.

And and we're going to see where we are at the end. So for example let's say you have 20 docs in their private practices taking care of people. This individual person like we had a 90 year old, Stanley Jones in Houston.

Doctor Jones does my plasma. He had a 90 year old coming in in a wheelchair, could barely see miserable. He gave her 200 cc's of plasma a week apart. Very gentle. Was supposed to do it for a month.

She called back in three weeks, and she said, I'm feeling better. I don't really need my glasses as much anymore. I'm not coming back for my fourth one.

I'll let you know when I need it. So I don't know that that person's going to go on hormones. She doesn't need anything else. She's happy with. Another patient who had bad macular degeneration, was getting shots in her eyes, a transplant nurse, she, after getting three liters of plasma, the shots kind of spread out.

So the little bit of negative from the hormone part of that is that there's so much negative press from ObGyn world not to put women on hormones. Yeah, not on them.

Everybody talks about the menopause window, the optimal window. So there's really not a lot done. And everybody still refers back to the study. They'll be like oh the women that were 70 that got Prime Pro which again it's horse pee, oral estrogen and progesterone.

They didn't get any better. So a physician you sort of you should have to work within this brick wall because I have a lot of women that come to me and go, you know, I'm 65, I don't feel good.

I do a coronary calcium score to make sure that they don't have any plaques, because you get hardening of the arteries in menopause. As long as there's none of that.

I will start those patients on hormones. But but their individual, they're kind of coming to me that way. That's not where the big obese world is. So it's really hard to say, hey, would this lady with her macular degeneration if I added estradiol on top of that, would that do better?

I'm hoping that what we're going to start to see is, as this individual patient at 65, I give her hormones and then she goes, yeah, I think I'm going to try the plasma boom.

That's where our learning curve is going to come from. And I think what we check and what we see and how they do will start to appear. Well, you were sharing with me that you are literally right now in the midst your pre-launch of a pretty exciting AI platform that I think from what I'm hearing.

And again, this is what I spoke with doctor, Killeen about. Also, there is really this big gap, right. Like, so there's a small group of doctors like yourself that are out there that understand the safety, the efficacy and the necessity of hormones, especially for women's longevity, health, and yet still the the predominant fear and limitation.

They're still just like you said, there's this wall, this barrier. And so how do you kind of navigate within it. And so you are bringing to market an AI platform that can help to kind of democratize access to some of this information.

So if somebody is working with a doc that's maybe still kind of in one lane of thinking now you're just taking it right to the consumer so they can have the access to the information and empower and then advocate for themselves.

Tell us a little bit about this. Well, I think like I said, that that because the dust starts to collect at 40, it's so convoluted sort of what you bring when you show up at 46, 47 and you turn around and go, I just don't feel good.

And not only is do we have to be trained as obedience to be surgeons and, you know, deal with postpartum

hemorrhage and all that. So the amount of real downtime that you get from a clinical practice to learn what to do to help in menopause is minimal.

So so we tend to Zo begins to go, okay, do you want to just put the patch on or not, which is a whole host of problems in the perimenopause because you've got this lady doing this with estrogen and this being a detox problem and this lady needs more progesterone.

So that all becomes a big issue. And then what happens is, is women and I don't really understand this. And I did a vision for 35 years. It went back to the same thing with a C-section.

I used to tell women, be grateful that you live in a country that that we can do that, use an epidural, and I can put a little bikini cut and you and I can take this 8 pound baby out, and it's okay that you don't deliver vaginally.

And women could not come to grips with that. They would cry capable of a C-section. So they would feel like if they if they don't squat in the bush and have their baby, that there's a problem and there's a little bit of that in the menopause, cause aging space, like I get a medal if I go through it without anything.

And, and I think there's a double whammy with that because as a 60 year old, you don't know when you're 50, what it's like to be 60. And there really big changes that happen.

So you're still kind of feeling somewhat reasonable. Or maybe you're like, yeah, I've got these cognitive changes, but I'm getting a little older, but I'm going to push through it and I'm gonna push through those flashes.

But you don't realize that what's happening is, is that you have estrogen receptors in your blood vessels. So you are getting hardening of the arteries and decreasing blood flow to all your organs.

You see it in as direct to me. You operate on somebody who's 45 and take their uterus out. Their uterus looks like a grapefruit. You take out the uterus of a 55 year old.

It looks like a plump. So that's happening all over in your body. But women are not educated that that's what's going to happen. So you don't want to wake up at 62 where you go, wow, I can't think as well.

Or you know, I haven't been feeling as great or or my hip is weak or I have osteoporosis and now there's a lot of new literature on some of the osteoporosis meant that if you take it for more than a couple of years, you drop the cells that are cutting down your bones.

But the minute you stop the med, they spring back worse and so the prevention of where you'll be down the road is a problem. And that is not educated to women.

And and you can't, I think, do it in a book because a woman can sit down and read a book, but she needs to be able to be piecemeal. In other words, I'm having some of these symptoms.

What do you think? So we've got a digital doc who is kind of there's an old movie called Phantom Tollbooth. So it's it's a it's a really cool movie where the kid was in person when he went through the problem.

There's a little bit of a cartoon, almost like The Wizard of Oz. So it's a it's sort of a digital twin of myself and a nutritionist and, and people in my practice, where are we're going to feed into that info that, that women need to hear, that they can access their down time, not sit and read a book, but it's 7:00 at night or 8:00 at night, and your teenager is dealt with and this and that's done.

And now you need info that you're gonna be able to go into this area, that you're going to be able to talk to this doc. You know, I've had this irregular bleeding for two minutes.

Let somebody say to you, yes, this is normal. It could be something to worry about. But here's what happens with estrogen. If you're spiking estrogen.

Here's how we work on detox. Try this. So we'll be able to walk them through the perimenopausal changes. Give them an idea. So by the time they go to their doc, they're educated.

And they can turn around and say, here's how I feel. And it also makes it easier for the doctor. So it's not a this visit that they don't have time to do.

Now. They say, yeah, you've done this. You've changed your diet, you worked on your microbiome, you're taking your probiotics, you're doing your sauna because you look like you're a detox problem.

We've got genetics that we're going to add in. So, so you find out, hey, I'm a real bad estrogen detox or so with a swab test. You can look at that so you can work and then get an understanding sort of in your own home of where you are in this process and when you need support added.

Yeah. It's so I think, you know, what I want to say to everyone listening right now, especially to all of our women, you know, to everybody, listen, our bodies are amazing.

And when health can feel really complex because we have all been conditioned to think, well, this is just what happens with aging and yet you know it.

And I think the biggest opportunity again, kind of coming back to that flexibility, we are in a time of such incredible opportunity because I always say aging is optional.

And here is why we have the option to choose to bring back in our hormones. We have the option to choose to support our microbiome, our physical health, our mental or emotional, to get up and to move and to breathe and to look at the sun and to get good sleep, you know.

Yeah. By way of first and foremost, like you said, we can do all the right lifestyle things. But if our hormones are declining and they're not, they're just not being made at the same level to keep us in a more optimized state.

Why would we not want to bring them back in, which is already going to extend health, health expression, vitality, energy, cognition? It's going to reduce that rate and risk of different expressions of disease.

So why would we not choose for that? And and I get it that it can feel confusing, right? Because when I listen to you, I always think of myself whenever I'm having a conversation with anybody as if I'm the listener and going, or if I'm having all these problems and it can feel so confusing, right?

Is it this or is it that and especially well, or is it just aging? And what does aging even mean? So I'm hearing first and foremost, doc, that there is a beautiful opportunity mostly for women, even men.

I don't want to exclude them for this from this conversation, but to realize that our hormones do begin to fluctuate pretty significantly by time. We're in our mid 40s and going at and beyond.

Right. And what can we do about it to extend our health expression? Step one is we can all do bioidentical hormone replacement. Let me just ask you. So you're going to have this AI app.

Now what is the best way that we go advocate for ourselves. Where do we go to say I want this. Like for men? Do they go to the the T clinic and to women or like, what would you say are some of the best trusted or vetted places for us to find access to this?

Well, I think I think that men can go to their urologist. I think men have less of a problem with that. I think the urologist will do a blood test. See, part of the problem is, is that you're you're not supposed to have low testosterone when you're a guy when you're 55, but it's okay that you have low estrogen.

So I, I think that the, the difference, it's like okay that's life. So I think that's problem number one. So if you go to your urologist and you look at they look at your testosterone in a normal male, testosterone should be say 500 to

700 and you run to 50.

I don't think anybody would have a problem. They would treat that very simply. I think that the expectation with women is that you're supposed to accept menopause.

And that's why it's it's not about you don't have to go to a specific doc, your ob gyn I think is going to get better with it. I think right now there's a little bit it's overwhelming for the OB. Jen.

Part of what happen it and I think the origins are going to start to learn now is more women are requesting this. But part of the problem, remember to where we are is that if you calculate the time in 2002, they said that hormones were going to hurt you.

So that has really to this day I still hear it.

AI support for menopause education

But if you really want to think, then for maybe ten, 15 years after that, they didn't teach anything. Think about medical school, right? Nobody. No, they didn't talk about hormones at all.

The first couple years. You know. So first year medical school you do. We didn't. We did normal and then we did pathology second year. My son just graduated a couple years ago.

And I think now they do system. So they'll do endocrine system and renal system. So when they're doing the endocrine system they're not going to talk about that replacement because hormones hurt.

Well I think you've got 15 years of docs that learn nothing about it because why would you teach something that's going to hurt. So I think the doc is going to be more of the end point.

I think the AI and the support is going to support the patient. And then as we're doing also more and more testing, that's another thing I'm working really hard on.

It's not about, oh, just put this patch on or put this patch on. Somebody needs to really research into the testing. And we're doing that a lot in in what I'm doing because you can look at the urine output of a 47 year old of hormones, and you can look at a 57 year old and you can you don't need to make levels crazy, but keeping us in that just premenopausal range is going to, I think, more and more.

And I use that on every patient is is going to give us something to look at. Kind of like you look at blood, thyroid or you look at, you know, your blood pressure.

You don't just say, oh, I'm okay. Somebody puts a cuff on. So there's a whole other world out there that people like myself are starting to look at to say, okay, when you come in menopausal, let me see where your urine levels are and let me get you where you need to be.

And I'm hoping is more of that black and white comes out. It's going to be easier for docs that maybe aren't as comfortable with hormones to say, okay, now I have real data to treat people.

Yeah, excellent. Perfect. We only have a few minutes left, and I would love to keep talking to you for hours, but I would be remiss if I don't highlight your your your commitment to being a high performer, to personal excellence.

You are an athlete. An an Ironman, a peak performer. You're doing Spartans. How how to have physical discipline and mindset really play into for you, into your own personal.

And then kind of the the professional aging conversation that you're really leading out there kind of what lessons have you learned yourself that you feel are important to to serve class on?

You know, that's a really good question, because I'd love to be able to bottle some of that and make it strong in each individual person. And maybe because I was sort of an athlete, not that I was ever a Division one athlete, but I swam in high school and, you know, I, I did a little bit in college and then in medical school, I always made sure I ran, and then I did the Navy Seal program that they had, like a local Navy Seal, that that that ran a health program here.

And athletics has always been very important to me. I think it's also helped me have a more normal brain. You know, I have dopamine issues. I know genetically.

So for me, I tell people that marathon running and spartan racing is is probably a good addiction. It's an acceptable addiction. But, but but I, I'm, I'm a one foot in front of the other person and, and I think that if, if we can bottle that more, if people can find that I think that's where longevity will come from.

I think what starts to happen is it becomes very overwhelming. So you'll get somebody in their 40s that says, oh my God, I've put on this weight. I don't feel good.

You know, my brain's not working. My sleep's dysregulated. I'm, you know, they're not going to get out and run A5K or swim or this and that. So so I think what what I try to tell people to do is kind of put one foot in front of the other.

I got to the start line of one of the Iron Man's that I didn't. I had a panic attack. I was like, okay, I've been training so hard and I'm like, I couldn't get in the water.

And a real nice lady came over to me and said, you know, calm down. She didn't know me. Show two kids. She must've been there supporting her husband. She said, calm down, you know, wipe off your eyes a little, put your goggles on and get in the water and swim to the first swim bully.

And then when you get there, go to the next one and don't think about anything else. And I think it's a really good way to live life. In other words, I follow Andy for Sela and he talks about the powerless, the, the, the five things you do, and I, I think it's a good concept of, you know, one swim bully at a time that every day.

So turn around and say, I'm going to make sure I get movement in me. Five, ten, 15 minutes, 20 minutes starts somewhere. I'm going to make sure that I go grocery shopping and I eat vegetables.

It's a big deal for a lot of people. Like, I hate to cook. That's fine. Do it anyway. You know, I love it. I think that's the big key to longevity is sometimes.

And who said it? I think Mike Tyson taking things that you hate and doing it like you love it and that it's discipline that will keep you really fit and healthy.

And it's it's really I taught my kids it's really that it's it's life. It's work. It's everything. Right? You need to make sure that you do one swim daily at a time, but do the best you can and stuff you don't love to do.

You still execute on it and and then you find more enjoyment. I happen to love athletics. I love the Spartan stuff. And Joe Jason is great. The concept and he says pain is temporary and it's part of living. So.

So if I could give one word of advice to people, I would say find the basics and just make sure you execute a little bit on them every day. And for women, I know everybody tells you to walk.

Just walk in 30 minutes isn't going to do enough. Please lift. Yeah, you're doing walking. It's just not enough. If you want to walk five miles a day, great.

That's going to. But. But women really need to lift. They have to lift. They have to lift reasonable. And they have to do it 2 to 3 days a week. Especially as they get into their perimenopause.

But if you do those things that you don't like, like you love it, you're going to have real longevity. You'll do other

things that you don't like and act like you love it.

I just, I think that's I really do think that's excellent wisdom. And more than anything, it's the one foot in front of the other. It is about getting up and going forward every single day.

And again, I'm going to kind of bring it back to one of the things that we said before the interview even started, which is, you know, we do live in this really exciting time and a lot of things that we talk about on the show or that people hear about at Rad Fest, and they will when they come out to the ten year celebration this July 10th through the 13th in Las Vegas, is, we hear a lot of what's coming.

We hear about the exciting science and breakthroughs and even access to the young. Plasma is exciting. It is showing some very promising things. And yet there is all this.

It's coming, but there's still barriers of being able to have access to it.

Athletic discipline and daily longevity habits

And so, you know, you reminding like, look, we still have to do our part as individuals every single day. It's not waiting for the magic thing just to arrive and sitting back and doing nothing and being non participatory in our life.

If we really want longevity and radical longevity, it begins today to say, how do I want to be living today? What's the one small thing I can do today?

And I love it to get to that first boy, to get to that next point in in how I want to be living. As we get ready to wrap doc, help us to understand, like, you know, kind of what you're seeing with where there are some barriers, but what, if anything, would you inspire us to to be aware of, to exercise our own voice or contribution to breaking through barriers, to have access to greater and greater longevity treatments?

Well, I think the big thing that is a problem is that there's so much red tape everywhere you turn and, and, and so the PhD's are doing their kind of research, but then somebody might take it and turn it into something in a biotech company.

But then what starts to happen? And we found that and we talked about this. We found that with the young plasma, the FDA approves plasma. It's an approved product.

You can hang it in the hospital. Gazillions of units are hung every day. But when we turn around and say, okay, I want to use it because I think it's young factors to help longevity.

It's a safe product. Nothing negative is going to happen. I got in trouble. The FDA called, they yelled, oh my God, give me your research. They're not allowed to do that.

We saw a lot of the same stuff with ivermectin. A lot of these young startups that have products that are safe, they the FDA says no, it's a new biologic.

No. You have to. So you they don't have the money to break through this red tape. And I want everybody to remember, you know, birth control pills are there for birth control.

If you use your birth control pills back to back, that's a miss. Your period on your vacation that's not FDA approved. If you have endometriosis and you're taking birth control pills to help your and Dimitrios, that's not FDA approved, but it doesn't need to be FDA approved.

So I encourage people FDA has to say the product is safe, but they can't tell us how to practice medicine. So encourage people to keep your eyes open.

If you're interested in longevity, to make sure that you speak out. If there's if there's a, therapy that you want and

you see it's under a little of attack, you know, you can read.

I wrote to Ted Cruz. I heard nothing back but a matter right again that, you know, they look at what the FDA did, somebody needs to turn around and say, I went to all these years of med school and all these years of residency, and I'm I'm, you know, I'm not I would never been sued.

And I'm a good doc. And if I take a safe product and I have an idea to help somebody, I should be able to use it. So. So everybody in their own little way can really tell the government, yeah, do your job in this little smart part of it.

Go, okay, we know it's safe, but let the docs that went to medical school and know what to do work with you. Bio individual. How can you do precision medicine if you don't?

Let us do precision medicine to give you right? I love it. And and you know, I want to just remind our listeners that in 2026, the coalition for Radical Life Extension is organizing a march on Washington.

You know, so if you care about this conversation, you care about your right to have access. And I want to be really clear for everybody. You know what, doctor?

Diana was just telling us it's like a these medicines, they get approved in one use so we know they're safe. Doctors are always using these things. It's called off label.

So percent 20% so and so now it's interesting and it's never actually really been contested before. So it's fascinating what they're doing because like you said it is really a money grab because now once once things that go through, you know, they're like once a new drug is brought to market and we're even seeing it with the GP's and things like that, there's a certain amount of time that, that they have that it can be used in that way, and they get the biggest money for it.

And then it's like metformin, metformin, it's out of it's expiration date. And so it's out there. They don't farm. It doesn't make the same kind of money on it that it did.

You know ten years ago. It doesn't care as much. So other companies are looking at it and saying how can we use this. What can we do with this. This is low cost.

It's safe. It's proven, it's FDA approved. Does it have other off label aspects to it and how we can utilize this, this molecule. So there's a lot happening in research to say, because it is cost prohibitive to bring all these new things to market and it's fascinating that now the FDA is trying to come back and do things a little differently than they've done it before.

They say, well, yeah, we approved it here, but now we're going to make you reapproved in this way, to use it in a different in a different vertical, so to speak, or that's telling you how to practice medicine.

They can't do that. The FDA does not have the right to tell me how to practice medicine. So you can tell me that's a safe product that would would be no different than somebody having a yeast infection.

And I give them a deflection. And at moments everyone and listening to this is how the yeast infection takes my flu can. So like it said, it's approved for one time use.

But if I have somebody that's got chronic yeast, they'll take one a month for three months. I don't have the FDA banging on my door yelling at me there.

So there's a there. Their job is to approve. It's safe, but it's it's called going to medical school. Otherwise, put a robot in my place. Then you don't need me to make any decisions.

But I look at all these women, and I turn around and go, oh, I've done this here, this works. And then you write a paper and then it goes to the medical board, and then they check in if you're doing anything wrong.

That's why you have a medical license. If you hurt somebody, then they go to the Texas Medical Board and they would turn around and say, this person hurt me.

And if there's a couple times that happens, they pull their license. So we are policed by our own people. But anybody that's ever gotten Botox and that's off label, completely off label, and nobody says anything.

Advocacy, FDA barriers, and closing remarks

So, so really, really, maybe people could be a little bit more tuned into that, because it's the only way longevity is really going to move forward. Powerful statement.

And thank you. And so with that I want to invite each and every one of you remember it begins within within you. You've got to be your own and of one.

You've got to be your own advocate. And that is how things actually change. How we choose, how we make choices, where we put our money, where we put our attention, where we put our voices.

And so then that's one foot in front of the other each and every day, getting up, getting out and collectively creating this longevity living future that we all are just so excited to be a part of.

Doctor Diana, oh my gosh, you're Diana. I'm so Diane. I'm so sorry. Just a Dena I apologize, doctor Diane, I, I'm so grateful for your time, for your energy, for your passion and for your knowledge and the work that you continue to do in the field.

Thank you for all of your time today. Thank you for having me. I love it. It's it's wonderful to be here, to be able to just get some info out, to take care of men and women, anybody we can to make the world a better place.

And we're going to make sure. So listen, gang, I know you want to know about the I. I know you want to know about finding out how to work. You know, with her directly you want to find out about her research.

We're going to have the links to all of her platforms, social media, websites, everything. Where is the best place that you personally would want people to reach out to?

First and foremost, doc, if you if they type in. So we're I'm redoing my YouTube channel. It's I'm seeing patients. I'm so busy seeing patients and I'm training for another marathon.

I'd like to go back to Boston one more time for the marathon in two months that I got to do a subfour hour to qualify for Boston. So, so I'm seeing patients.

So are we're revamping our YouTube. But if you go to Diane Ginsburg, M. D., there's tons of free stuff on our YouTube channel. And then my website is Diane Ginsburg, M. D., and we've got all kinds of info there on Young Plasma.

And then Young Plasma study.com has tons of info about the young plasma and and, the study we did and all the data behind it. So it's all available for everybody to check out.

Well, I hope that you're posting on your social all your training like leading. We want to watch it. We want to follow you get back to get back to Boston.

I know it's going to happen. You're going to continue to inspire so many of us at every age and every stage of life. So thank you, thank you, thank you, Doctor Ginsburg, everybody. Wow.

Thanks for having me. Everybody. Have a great day. All right. Okay. So listen, friends, until next time, continue to go out and be bold, stay curious and express your greatest states of aliveness.

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