

Welcome to the Cutting Edge Health Podcast with Jane Rogers, where we discuss science to help prevent cognitive decline.

[00:00:00] Jane Rogers: Welcome to the *Cutting Edge Health* Podcast. I'm Jane Rogers, journalist, health coach, consultant to doctors and recovering chocoholic. My passion is helping my friends and others squeeze every drop out of life using the latest scientific breakthroughs to make 90 the new 40, extend our health spans by 10 to 20 years and prevent the diseases of aging. I travel the world interviewing leading experts in health and longevity to learn how to live longer better buckle up. It's never too late to ride the cutting edge to grow younger, sexier, healthier, and sharper together.

Slowing or reversing the aging process reduces your chances of getting age-related diseases. It will keep your mind vibrant, sex life great. When you're 90, you're feeling like you're 40, there are many components to increasing your health span and slowing aging. Our guest today Dr. Jeffrey Gladden is the founder of Gladden Longevity in Dallas. He knows all the tricks. Dr. Gladden I'd like to welcome you to *Cutting Edge Health*. How are you doing today?

[00:01:05] Dr. Jeffrey Gladden: Oh, I'm doing fantastic, Jane. Thank you. It's fun to see you. We're on a nice video connection here.

[00:01:12] Jane: You feel like you're just right next door.

[00:01:13] Jeffrey: Exactly.

[00:01:14] Jane: I got to tell you I'm a fan of your podcast Gladden Longevity.

[00:01:18] Jeffrey: Great, I love hearing that.

[00:01:19] Jane: I am picking up a lot from it.

[00:01:20] Jeffrey: Okay, tell me about it.

[00:01:21] Jane: You're enjoying it, aren't you?

[00:01:22] Jeffrey: Yes, I love doing it. I love disseminating information, democratizing information. Yes, we have a lot of fun with it. What do you enjoy about it?

[00:01:29] Jane: Oh, I enjoy a lot of things. Your thyroid episode, how to keep your sex life vibrant when you're like our grandparents age. The different techniques for increasing health span and some of our things that we can do every day foundational, others are things you need to add in if you really are excited about doing this. Oh, I'm learning a lot. I don't miss them.

[00:01:48] Jeffrey: Good, all right.

[00:01:51] Jane: Tell me about your journey. Your cardiologist by training. Not too many docs are pivoting like you and saying, “Wait a minute, what is the future? I want to go toward that future?” You’re still a cardiologist, but you’ve moved in a different direction tell us about that.

[00:02:05] Jeffrey: Yes, my background is interventional cardiology. I did my training, good institutions and I started my clinical practice in 1988 and it was in Texas because it was a target-rich environment, a lot of chicken fried steak, eating tobacco chewing people down there. I thought, “For young interventional cardiologists, I’ve hit the promised land here.”

I went down there and in the context of being down there, I ended up doing a lot of things ended up, starting my own heart group, we ended up with 10 offices, 12 doctors. We flew around it a little A36 Bonanza to outlying areas always had a passion for trying to bring high-quality care to outlying areas where people couldn’t access it. That’s why we ended up with as many offices and things like that.

Then I got involved in trying to change the paradigm of how care is provided, and it was very difficult to get hospitals to listen to us. We ended up, myself and another cardiologist, and the people at Baylor co-founding a heart hospital, which has become a really great heart hospital there in Plano, Texas, and now has several locations in North Texas. What I liked about it was we were asking a different question. We were asking how do we make cardiology care patient-centric as opposed to hospital-centric? How do we actually improve the experience for the patient and their families?

I’ve also been involved with medical device companies and with starting cath labs, and on and on, but I got sick. What happened was I got sick in my 50s and I used to play soccer in college and a bit of basketball. Playing soccer, I could run all day, literally. I think what most of us do is we end up leveraging our health, for the sake of building our businesses or building our families and we get to a point where it’s time to sort of reclaim that.

For me in my 40s, I decided I feel like I’m getting out of shape. I’m feeling more tired. I’m going to go out and go for a run. I’m going to get back in shape and I ran two blocks, literally two blocks, and it had to stop. I was like, “Holy cow, I have gone far down here.”

What I did was—and this is important for the listeners—started to incorporate exercise into my daily routine. I started trying to walk to work, or run to work, or ride a bike to work or take the stairs, or anything I could do to increase my activity. Then started cycling on the weekends and running on the weekends. A few months in I was able to run three miles and starting to feel better and all that sort of thing.

That worked fine from my 40s into my 50s and this is another critical take home point for people to understand is that every decade requires a different approach. In the aging process, what you did to get in shape in your 20s is not what you're going to need to do in your 40s or 50s or 60s. It takes a different approach.

In my 50s I got sick and when I say got sick it wasn't like I had an infection or anything like that. I just was started putting on weight again. I was tired all the time. When I would get stressed, I would feel myself go over this cliff of depression. It wasn't like you could talk yourself out of it and it was really frustrating, and my father had died with dementia. At that point in time was starting to struggle with it and I was developing brain fog, and I was like, "Oh, my gosh, what is happening, it's going to be from here on, it's just going to be downhill."

It was such an existential kind of time for me, and I went in and got checked out by my colleagues, and I had bloodwork done, and I had physical exam and all that stuff. When the results came back, what I was told was, "Everything checks out, okay, for your age. You're just getting older and why don't you take an antidepressant?" I was like--

[00:05:42] Jane: Oh, that's not what you wanted.

[00:05:44] Jeffrey: I was like, "No. I'm a mountain biker. I'm a snowboarder. I like to run. I like to body surf. I like to stand-up paddle. I like to do all these different things and I've got businesses and I'm growing. I've got things that I'm doing. I'm not going to share an antidepressant and accept the fact that I'm, quote unquote, getting older and that's the explanation."

What I did was I threw myself into functional medicine, age management, medicine, integrative medicine. After about two and a half years, I was able to crack the code for myself in terms of what was actually going on. I had subclinical hypothyroidism, which means all my thyroid numbers were in the normal ranges, but at the tissue level, my cells were not getting enough thyroid hormone and you pick that up with biometric testing, either the reflex testing or resting metabolic rate.

Genetically, I don't convert inactive thyroid T4 into active thyroid T3 very efficiently in my brain. Once I got on the right combination, thyroid combination, T3 and T4, it was literally like somebody turned the lights back on, it was like I was bouncing out of bed again in the morning. It was like, "Holy cow, this is amazing." Then I'd become hormonally depleted as people do. Women go through menopause, men go to andropause, my testosterone levels are going down.

I got some testosterone replacements and DHEA, which is a precursor to testosterone as well. If you're going to do that, it's critical that you not just start hormones without looking at how your body is set up to metabolize those hormones and that's tested

through a urine test. Because you can get in a lot of trouble with hormones if you're not paying attention to the metabolites of the hormones. It requires not only blood testing, let's say, we're saliva testing, but also requires urine testing to look at those metabolites.

Anyway, once I got that sorted out, then I put on 10 pounds of muscle and lost 20 pounds of fat and I was back to pretty much what I weighed in college and it was like, "Okay, this is cool. I like that." Then the brain fog was partially related to the thyroid, but also genetically, I don't make certain neurotransmitters as efficiently as I should.

Once I got on the right combination of B vitamins, and magnesium and some other things to help some things work appropriately, all of a sudden, my brain cleared up. It was like, "Okay, this is really interesting." Since then, I've continued to work on my brain a lot because there will still be times when if I eat the wrong thing, or if I'm really tired or whatever, I get a little bit foggy. There are also times when I feel like I'm just almost clairvoyant, where you can remember anything that you ever did, any **[unintelligible 00:08:16]** you ever read.

I've learned how to train my brain back into that and we're doing a lot of that in our clinic now. Anyway, once I got to the end of that period of time, I started asking myself a question it was, "Geez, if I can feel this good, here in my 50s, I wonder how good I can be. I wonder how fit, how strong, how mentally sharp and for how many years and decades can I carry this forward." That was the initial question that I asked that's just, "I wonder how good I can be?"

All of a sudden, I realized that I've been practicing sick care, and not health care. If you got sick, you came to see me, but if you ask, what do I do to stay healthy from a cardiac standpoint? I don't know, eat better and exercise that would be about the end of it. I really decided that I wanted to practice health care for the rest of my life.

I think it's a little unusual for people to pivot because, for me, it was like base jumping. I knew how to make a living as an interventional cardiologist, but all of a sudden, I'm leaving the insurance world. The reason your doctor is not doing this is because they're handcuffed to the payers, they're handcuffed to the insurance companies. If they're not paying for it, they're not thinking about it, they're not learning about it. Pharma has a big play in that whole scenario.

You're never going to get this kind of care from your traditional doctor. It's just not part of the system. The system works to keep everything going at one particular path. Anyway, I left the cardiology group, and I started what initially was kind of a concierge cardiology health optimization practice, which eventually grew into Gladden Longevity as we learn more and more about how to make it work and all that sort of thing.

We just kept adding more and more capabilities until now we can do unbelievable things quite honestly. Really unbelievable things in terms of helping to turn back the clock for people healing things, fixing people's brains, helping their hearts, people struggling with long haul symptoms and things like that. We have great solutions for that. There are all kinds of things that when you keep asking questions, you get more and more answers.

I think one of the other things to just mention here in this pivot, was that I realized that professionals, physicians in general, we get trained, and we're all trained at good institutions, and we're all come into this with caring hearts. We really want to help people, but we basically get trained up with a set of answers and a way of thinking and we get married to that approach. We get married to that set of answers.

Like, "If your cholesterol's high, then I know what to do, I'm going to put you on a statin. If you're having angio, I know what to do, I'm going to do a heart cath and put a stent in," and so you get married to these answers. What I learned is that those answers were so limited because I was finding lots of different answers that didn't exist in traditional medicine, and they worked. They worked for me, and they were working for a lot of other people.

I decided that I was going to leave the concept of being married to my answers behind and from then on, all I am is married to the questions. How good can we be and now we've added, how do we make 100 to new 30? I think *Newsweek* just came out with 90 as the new 40, so we're still ahead of the curve. Then how do you live, quote unquote, well beyond 120? People ask, why would you want to do that? We can talk about that a little later in the podcast too. Anyway, we're married to the questions, and we've never looked back.

[00:11:36] Jane: You're much happier now than you were?

[00:11:39] Jeffrey: Oh my gosh, yes, much happier,

[00:11:41] Jane: I can tell.

[00:11:42] Jeffrey: No, it's a joy to do what I do, because we're not handcuffed to anything. We can bring forward new technologies. We can go down the rabbit hole with somebody if they have a particular issue. It's an absolute joy to do what we do. Our greatest joy, quite honestly, is seeing our clients do well, hands down.

[00:12:00] Jane: There are a lot of things I want to talk about. That you're doing that folks are doing in the longevity space but I'm wondering first, do people look at you like, I've been getting lately. You have a third eye, you want to live to 120, why would you want to do that?

[00:12:17] Jeffrey: Right.

[00:12:18] Jane: Are you getting a lot of that and is that going to change? That change as this becomes even more mainstream your *Newsweek* did that article, which helps, but it's going to be more mainstream. You're just one of the early adopters.

[00:12:29] Jeffrey: Yes. Here's the way for the audience to understand this. I just gave a talk in Miami to a group last Saturday, and this is a very high functioning group of entrepreneurs that own multiple businesses having global impact. These people are really all about how do I make more impact?

Really when you think about your life, what we really enjoy about our lives is having great relationships, being creative, making an impact in our communities, and our businesses and our families it's being relevant, being impactful in doing that. One of the things that I told the audience is that longevity, because I asked the question initially in this talk, why longevity? Why are we talking about longevity? Why would you want to live to 100? Why would you want to live to 120? When I told him was, "Longevity is the currency of impact. In fact, longevity is the currency-

[00:13:25] Jane: That's a good way to put it.

[00:13:27] Jeffrey: -of exponential impact." There are two things going on here. One is that we tend to think that aging is a linear process, because every year we get a year older, it's like, "I'm not that much different than I was last year. Probably next year I'll probably be about the same." If I were to ask myself or to ask you, "What are you going to be like 15 years from now?" "I don't know, probably about like I am, about the same," right?

[00:13:51] Jane: About the same.

[00:13:51] Jeffrey: It's very difficult for us to project exponential decline and yet the aging process is an exponential process so it's around us every day. We know that people age so much more between 80 and 90 than they do between 30 and 40 or 40 and 50, right, so much more. It's an exponential decline.

The reason that it seems linear earlier in life is because we have so much physiologic reserve that even though it's being cut down at an exponential pace, we still have plenty to go around, and so we don't really experience it in an exponential point of view until you get to that breaking point. Some people's happens in their 50s, some people's happens in their 70s, some people in their 80s and then it's like, "She was great. She was driving. She was playing games. She was playing golf at 86. At 92 the wheels were completely off."

There is an exponential decline that happens, and people tend to acquiesce the things. It's like, "I used to run, but no, I don't do that. I used to-- I don't do that anymore. I don't do that anymore," and so all this little micro acquiescence to the aging process, people are giving up their capabilities and that accelerates that exponential decline.

It's important to understand that aging is not linear, it's exponential, so why longevity? If you change that curve, which is what we're doing from a one of exponential decline, even if we got it back to one of linear decline, but what we're really going for is making 100 the new 30, and we currently have a research protocol that's in play for people to participate in, where that's literally what we're going for, imagine that. Think about your impact.

Now let's just superimpose impact for a minute. How much impact did you have between the ages of 10 and 20, 20 and 30, 30 and 40, 40 and 50? Every decade it's more impact than you had in your entire prior life. It's an exponential increase in impact, right?

[00:15:50] Jane: Right.

[00:15:51] Jeffrey: Your health is there, you're going along and then you hit a point, maybe it's in your 60s, maybe it's in your 70s, maybe it's whenever and all of a sudden, your health gets to a point where you can no longer do what you want to do in from an impact standpoint and your impact plateaus. As your health declines further exponentially, your impact falls off a cliff. It doesn't decline exponentially, it just falls off a cliff at some point.

[00:16:14] Jane: You're showing up differently in the world.

[00:16:16] Jeffrey: That's right. You're showing up differently in the world.

[00:16:18] Jane: Big time.

[00:16:19] Jeffrey: I had a conversation with a friend yesterday who was with a friend of his, who's a very impactful guy, just got diagnosed with stage four cancer. He's fighting that right now. If he makes it through that, he won't be the same coming out of that. What does that do to his impact? His contribution, if you will.

If we push longevity from being exponential decline to being even linear decline or staying the same, which is really what we're after, then what you did in your 40s and 50s, 50s and 60s, 60s and 70s, 70s and 80s, that's an exponential rise in your ability to be impactful. Impactful can be either service or it can be the businesses that you're building or whatever the wealth that you're developing, all these different things.

Your impact is going to continue to rise and, so it's one of the most dramatic things you can see when you see it graft out because instead of dropping down in an exponential way, you're rising up in an exponential way. It's all built on the fact that you're maintaining your health over this or your longevity, if you will, your health span over this more linear approach.

A linear result gives you an exponential benefit and because you're playing a game, that's actually one of exponential decline, a linear response to getting your health back is not going to be adequate. You have to have an exponential response strategy to put yourself back on a linear slope, which then enables you to have an exponential impact.

I think this is really important for people to understand. What I mean by that is that a lot of times when people get to a point in their life where they don't look feel like they used to, they can't do what they used to, but it's an existential moment like it was for me. Then people say...they either acquiesce, "I'm getting older, everybody around me is getting older," societies institutionalized that, social securities institutionalized that. Medicine has institutionalized that you're getting older. Or you say, "No, I don't want to get older. I want to stay young.

The strategy there is to get healthy, and so you get healthy and sure enough, like I did in my 40s, that works for a while, but because it's a linear response to an exponential problem, it has a shelf life. It's going to run out in 4, 5, 6, 8, 10, 12 years, whatever it is, but that linear response will not get you where you want to go. You have to have an exponential strategy to solve an exponential problem, to put you back on a linear glide slope, so you could have exponential impact going forward. That's how it works.

[00:18:49] Jane: No one's done this before.

[00:18:51] Jeffrey: No.

[00:18:51] Jane: This is the first generation to look at this-

[00:18:52] Jeffrey: 100%.

[00:18:53] Jane: -and so there's stuff we need to be doing now.

[00:18:55] Jeffrey: 100%.

[00:18:56] Jane: It's hard to incorporate that into our lives.

[00:18:58] Jeffrey: That's right.

[00:18:58] Jane: What would you tell folks, if you want to start on this? A, drive a car that's got all the safety features because that's one way that you can end it right now. [laughs] Apart from that, what would you do exactly?

[00:19:11] Jeffrey: Wear your seatbelt, put on your oxygen mask first, some of those kinds of things.

[00:19:17] Jane: Where would you start?

[00:19:17] Jeffrey: I'll tell you what, when people come to work with us many times it's like, "What should I do? What should I take?" Really the first place we start is, what should you stop doing? What should you stop doing? What should you take out? Because we find that so many people are sabotaging their health based on what they're currently doing eating, taking, drinking, whatever.

Really to the place to start is by taking out the bad stuff, whether it's smoking, too much alcohol, a little bit of alcohol can be okay. We find that people that drink on a regular basis just never get the same results that other people do. I don't have anything against alcohol, it's just an empiric observation so managing alcohol. Getting on more of a plant-based diet. Diets are very specific to the individual. In general eating more plants, less meat, lower protein diets, you live longer. Everybody's about, "Oh, you need all this protein." Yes, you need protein, but high protein diets people don't live as long.

[00:20:16] Jane: It's the mTOR going.

[00:20:17] Jeffrey: That's the mTOR, yes. That's another sidebar conversation, which is very interesting. I think sleeping is incredibly important. In my construct of this and maybe we can include this in your show notes, I've developed an avatar basically and there are four circles that you really have to address to have an exponential strategy. The first circle is life energy. The second circle is longevity itself and the real drivers of longevity, which are different from what makes us healthy per se. They underlie what makes you healthy, but they're different.

Typically, get healthy strategy never addresses the actual drivers of aging. There were nine hallmarks of aging that were described in 2013. A paper this year has now expanded that to 14 hallmarks of aging. We're actually looking at 20 primary drivers of aging right now. We're doing some incredibly sophisticated work, which is another sidebar conversation to actually measure all of those for people, and even more, quite honestly.

That being said, that longevity circle those drivers, just because they're there, it doesn't mean that you basically go after each one of them simultaneously. There's actually a timing, a sequence, a frequency, intensity and duration with which you go after those

drivers. It's very musical if you will. You have the life energy circle, you have the longevity circle, you have the health circle, which includes all the things you typically know from sleep to metabolic disease, which is like diabetes or prediabetes, thyroid hormones, all the things that people think about.

Then there's performance and many people will leave that circle unattended to. Performance has to do with, when you're a teenager and you want to get in shape, it's like, "I'll lift some weights and go for a run." The next thing you know you're there. When you're, 50 or 60 or 70, that strategy doesn't work anymore. I see so many people doing the same things that they did when they were in their 20s or teens and thinking they're going to get the same results later in life and they're not. There's a reason for that.

For me, being in shape is being fast, agile, strong, quick, balanced, flexible with great cardiovascular endurance and good recovery. If you're going to have that later in life, you've got to focus on all of those things. How many people fall down and break hips? How many people lose their balance? How many people are feeling for the curb? It takes a different strategy to not allow that to happen.

If you're not working on balance training with dynamic balance boards and things like that, not just static standing in a yoga class, which is great, but you need other things, you're going to lose that capability use it or lose it. People used to talk about that, used to laugh about that when I was a kid growing up and they were referring to sexuality, use it or lose it, but the same is true when it comes to any physical activity if you will. Balance is a giant one.

Anyway, you have to address all those things on the performance circle too. Those are all free, you can do those yourself.

[00:23:10] Jane: You can stand on a BOSU at home, try to stay for a minute with one leg.

[00:23:14] Jeffrey: Absolutely. That's right. You can eat better, you can learn to meditate, you can do all those things. All those things have impact, but they're still falling into a linear approach to an exponential problem. Because everybody that ate better, exercised, meditated, lowered stress, had good relationships, they still aged, and they still died. They didn't live to 120. Every picture I see of somebody that was 120 that made it that far is not exactly what I'm going for. I don't want to look like that. They did better, but they didn't crack the code.

It's really critical to focus on the longevity circle and the life energy circle. The life energy circle is critical because it's really the ring that binds them all. The way I show it is a Venn diagram, and maybe I'll share this with you for the podcast notes where you

have health intersecting with longevity, intersecting with performance, a Venn diagram, those three circles.

A circle around all three of those is life energy. That's because if we don't have our life energy synchronized, we're sabotaging our health all the time. The things that show up on the life energy circle are things like having a growth mindset, where you actually are married to your questions and not your current answers. It's not like, "This is how we eat. This is what we think. This is what we drink. This is how we work out. This is what we do. These are our hobbies, these are our friends." Those are all answers.

It's like, "No, how do we grow? How do we try new things? How do we get better at this? How do we think about that differently? How do we meet new people? How do we have friends that are younger?" If you're asking questions that's growth. If you're stuck with your answers, that's decline, quite honestly. Having a growth mindset is critical.

Then mental health is so important. I find so many people are full of anxiety and stress and worry and depression, and PTSD, and ADD, and ADHD. So many people are compromised in their ability to be themselves, because they're really living in reaction to all these things that happened to them growing up. We've all run a gauntlet. Everybody's come through a gauntlet. I don't know. I've not met a person that had a perfect childhood that transitioned to an appropriate-- [crosstalk]

[00:25:21] Jane: It doesn't happen.

[00:25:21] Jeffrey: It doesn't happen. That's great that it doesn't happen because I now see everything as an opportunity. The fact that you went through those struggles, now, that's an opportunity for growth, is really what that is. How do I actually unravel those knots and actually heal those wounds and actually reclaim my birthright to be myself, to be my unencumbered self? There's a great movie on YouTube called *Finding Joe* that I'd recommend everybody take a look at it. It's about an hour and 15 minutes.

It's really inspirational. I think it really characterizes this nicely. I'm not going to give away the plot but *Finding Joe* on YouTube you can watch things that whatever speed you want. I tend to speed things up. I watch at about 1.5. A lot of times I'll watch things at 2.0, but I watch this at 1.5 because it just comes fast enough for me. Whatever's comfortable for you.

[00:26:09] Jane: You can get it.

[00:26:09] Jeffrey: Yes, exactly. Anyway, that's really important. Then feeling loved. I find so many people don't really love themselves. They're still beating themselves up. Then having good relationships. There are so many things that go into having good

relationships. One thing is, I think language is a very poor form of communication and yet we always say that communication is the problem.

[00:26:30] Jane: Especially the English language.

[00:26:33] Jeffrey: Yes. Any language, quite honestly. Bernard Shaw has this great quote that the problem with communication is the illusion that it's occurred.

[00:26:41] Jane: You think it's occurred. Has it really reached them in the same way?

[00:26:45] Jeffrey: That's right. If you and I were really communicating, we'd be communicating telepathically. I would know everything that's in your head. You'd know everything that's in my head and spirit. That would be communication. Yet we're dribbling out words trying to paint pictures of what's inside and you're trying to recreate a picture in your head. It's a flawed thing.

When you understand that, it gives you so much empathy for the other person. It's like, so when somebody tells me something now like, "I'm feeling this." It's like, "Tell me more about that, because I'm only getting a snippet." I know there's got to be so much more behind that than what they're able to dribble out with a few words. It changes the form of communication in relationships. I think that's really critical too. Then there's ideas around forgiveness and other things.

Anyway, you go through this circle being spiritually aligned, having good energy with the universe if you will, where you feel this greater sense of purpose and you're really connected to everything that's here energetically. Then feeling safe. I find this is a massive issue for people. People simply don't feel safe.

I've found that if people are reacting to anything, whether it's anxiety, stress, anger, whatever it is, underlying that when you cut down all through it, they don't feel safe, they don't feel safe. It's important to understand that there's nothing external to you. No set of circumstances, no amount of money, no relationships, whatever that is actually going to make you feel safe ever. Because all that can be taken away. It has to be from the inside.

You have to be able to give yourself safety or understand that you're safe based on the fact that you're an eternal being or however you frame that up. I think that's a critical piece. When you get that all of a sudden it frees you up to start to be yourself. It's like, "No, I'm safe." Like in this conversation, I'm going to stop, it's like, "Do I feel safe here? Yes, I feel completely safe." Now, it's like I can bring all my gifts forward, whereas if I'm not, if I'm feeling like I'm on tilt-

[00:28:44] Jane: Hold back.

[00:28:44] Jeffrey: -I'm holding back, I'm trying to work in reaction to that, et cetera. This is all really important stuff. When you get all that energy right, it has a great healing effect. It improves relationships. It improves oxytocin. It improves telomere lengths. It improves all kinds of biological processes and yet it still doesn't actually solve the problem of some of the real drivers of aging that still need to be addressed. That's kind of a long answer to your question, I suppose. [laughs]

[00:29:13] Jane: Thank you very much. Tell me how you have made the shift in your mind to thinking of yourself as not your chronological age, but more your biological age. I'm still struggling with that a little bit. I wake up in the morning and think "Okay, do I feel 40 or do I feel 61?"

[00:29:30] Jeffrey: Oh, okay.

[00:29:31] Jane: How did you make that shift?

[00:29:33] Jeffrey: First of, what I do is, when I talk with clients is I have them claim an age. The idea is at what age did you feel you were at your best, your very best? What I'm talking about here is physically. Because when it comes to experience, wisdom, all those kinds of things, the beauty of this with longevity also is that you get to stay chronologically, physiologically the same age.

Let's say you stay 30 for your entire life and yet you have this exponential increase in impact and that's a function of your exponential increase in experience, wisdom, perspective, all these things that really make life a joy. What I do is I simply wake up and claim that I'm 27 every morning. It's like I'm waking up. I don't care if I feel tired that morning or great that morning. No, I'm 27. I felt tired when I was 27. I felt great when I was 27. That's not going to be the differentiator, but I claim that I'm 27.

It's like, "Oh, we're doing a podcast today. Oh, great. I'm 27. That's going to be fun. Oh, I went out in body surf this morning, surf's come up here. I'm in Puerto Rico at the moment. It was probably three to four feet, five feet maybe." It's like, "Oh, great. I'm 27, let's go out and body surf." When you have that mindset, all of a sudden, it's like you get away from this whole shtick of, "Oh, I'm too old for that, or for my age," or all that BS that I think just really changes your mindset into acquiescence. I claim to be 27.

The reason I claim to be 27 is I'm going to be 30 when I'm 100. I need a little headroom before I get there, right?

[laughter]

Now, the other funny thing is that I was just at this conference, and I had my brain age measured using a technology that was there called BrainTap and this was at the end of

the conference, they said, “You know you have one of the best brains we’ve tested. Your brain age is 34.” I was like, “Oh, that’s great.” They said, “You know what, you have a lot of gamma, which we only see in really creative people. Oh, and by the way, looking at the energy production you have, you’re like an Olympic athlete.” I was like, “Oh, I’ll take that too.”

[00:31:39] Jane: That makes you feel 27.

[00:31:40] Jeffrey: Exactly. I’ve done another glycan age that’s put me at 26. My cardiovascular system is excellent, exceptional for somebody in their 30s. There are all these different ages. This is the other thing, we’re not a single age. You have a chronological age. That’s really what I’ve come to understand chronological age really is not really age, it’s just how many years have you been on the planet? If somebody asks me, “How old are you?” I’d almost hesitate to give them an age. It’s like, “I’ve been on the planet, this long.” “How old are you?” “I’m 27.”

You get it though. People smile and they laugh but it’s so important to claim your youth, because what’s the alternative? You’re going to wake up old. For you, I would have you pick an age that you want to be and just claim it every morning.

[00:32:33] Jane: I do.

[00:32:33] Jeffrey: What age do you want to be?

[00:32:35] Jane: Just in the last couple months, I claimed 37 because I was feeling healthy. I was vibrant. I could do everything I wanted to do.

[00:32:41] Jeffrey: Nice, all right, I love it.

[00:32:42] Jane: A good friend of mine who’s 37 is in that same way right now so I thought, “That’s where I am. I’m that age again.”

[00:32:50] Jeffrey: Perfect, I love it. Because when you wake up 37, your mind will go to where you focus your attention and it’ll answer the questions that you’re asking. If you wake up 37 every morning and it’s like, “Oh, what would I be doing now that I’m 37? What do I want to do now that I’m 37?” It’s like, “Oh, let’s do this. Let’s do that.”

I love the fact that you have a 37-year-old friend. That your friends are not just your, how many years have you been on the planet? Those are the only people I’m going to socialize with, because they listen to the same music I did. It’s like, “Who cares?” You have to have people across the whole spectrum younger friends, younger thinking people. Absolutely.

[00:33:29] Jane: There's so much we can talk about as to how to get this biological age that we're wanting. There's plasma apheresis, there's working on the thyroid. There's making your thymus younger. There are so many things. Just with the amount of time we have today, and I hope you do come back but pick one thing and just dive just a little bit into it, if you would, that you think is important for this aging process.

[00:33:51] Jeffrey: Yes. Let me just frame it by this. Some of these technologies are expensive. For some people, they're not expensive.

[00:33:57] Jane: They are.

[00:33:57] Jeffrey: For other people, for the majority of people, they would be considered expensive. You have to understand that this is like going to Mars, to make 100 to new 30, or live well beyond 120 that's like going to Mars. Nobody's ever done that before. How many millions, billions of dollars are people spending on trying to go to Mars? Yet to work with us it doesn't cost a million dollars, but it doesn't mean that it's cheap.

For people that are serious about, "I actually want to be 30 years old. I want to be as young as possible," and it actually takes less effort to keep a young person young than it does to- [crosstalk]

[00:34:31] Jane: Bring back an older person.

[00:34:32] Jeffrey: -take an older person and make them young. That's also an exponential curve. The amount of resources it takes to take a 70-year-old to make them 30 is so much more than it is to take a 40-year-old back to 30 or a 50-year-old. If you're really interested in longevity, know that you're never going to be, I hate to use the word, but you're never going to be younger than you are today from a chronological standpoint and it's never going to be easier than it is right now.

Take action today, I wouldn't procrastinate. To frame this up, I think there's so many things that you can do that are free, like the life energy circle. These are things that you can work through for free or work with a counselor or somebody like that. The performance circle, fast, agile, strong, quick, balanced-

[00:35:14] Jane: All doable, yes.

[00:35:15] Jeffrey: -flexible, good cardiovascular endurance, all doable. You can do this at home, you can do it with a trainer. You can commit to doing it. I have people in my practice basically working out seven days a week. The reason that I have people do that is because if you're working out five days a week, or four days a week, then you have to wake up every morning and decide, is today the day?

[00:35:36] Jane: You can come up with excuses.

[00:35:37] Jeffrey: That's right and anytime there's a decision involved, the failure rate goes to a 100%. Take the decision out of it, and this is true for everything. Take the decisions out of it, if you want to eat better, don't have the stuff in the house that you don't want to eat. Take it out of your life. Even when you crave it, it's not there and you can't do it.

These are simple little things that are free, but they have a massive impact on your health. They're not going to re-lengthen your telomeres. They will change your epigenetic age. It's not going to reboot all your stem cells or overcome immunosenescence or proteostasis or things like that but there are these things that are super important.

Having said that, yes, in our practice we have an IRB, Institutional Review Board approved study called Life Raft, which is basically leveraging different technologies that are played in that right timing, sequence, frequency, intensity, duration and really for us, the way we think of it is this is playing the symphony of longevity, if you will. That longevity is really a symphony because of this timing sequence, frequency, intensity, duration with which you're doing these various things.

In that, yes, plasmapheresis is a part of it, young plasma is a part of it, rapamycin a part of it. We have a telomerase product that we're the only ones in the world that have access to right now. That's phenomenally powerful.

[00:37:02] Jane: That's how you changed your telomere direction, isn't it? You got COVID and then your telomeres changed for the worse.

[00:37:08] Jeffrey: That's right. Telomeres are the end caps on your chromosomes. They're a timekeeper for the cell. When they get short, they cause the cell to go into a zombie state or a senescent state, which is really accelerating the whole aging process. Mine, were always younger than my chronological age by maybe four or five years after COVID, I was five years older than my chronological age.

[00:37:27] Jane: Wake up.

[00:37:27] Jeffrey: As a wake up. Anyway, I started using this product and it's not something you take every day. We could have another podcast about it. Anyway, I took it several times starting in May of 2021, and I retested my telomeres in November of 2021. I'd gone from the 26 percentile for my age to the 99th percentile but actually I was above the entire graph. If you extrapolated over, I would still be in like the 83rd percentile for a 35-year-old. For a 30-year-old, I would've been in like the 75th or 80th percentile.

These are the kinds of things that are possible. This technology exists and we have another IRB approved protocol just for the telomerase product, also, if people want to jump in on that. There's money involved because in the research program, we want to do testing to see where you're at across the number of different variables and then give you the product and retest and do some things like that. Still is an investment, but it works and so that's been very exciting.

[00:38:27] Jane: Tell us about the onboarding process to Gladden longevity before we close for now.

[00:38:32] Jeffrey: My mission really has been to make 130 and I've been all in on that. It's like, "I don't care what it costs. I don't care what it takes." I've invested probably millions of dollars into this at this point in time to literally crack the code. We feel like we're really right on the verge of doing that. If people want to come in and do Life Raft, which we don't really recommend right off the bat, that's going to be a fairly expensive proposition, some hundreds of thousands of dollars actually.

If people want to onboard, they can come in and they can do a 90-day sprint with us, where it's like, "How old am I?" Measure my mosaic of ages. We all have this chronological age, but we all have all these physiological ages and longevity ages. When you put all that together, it's really a mosaic. You can be 26 here, and you can be 42 there, you can be 53 here and you can be 35 there and you're really only as young as your oldest age. Then where you are and what to work on and how to go about it, and so we're very much into that.

I really am not a fan of people that go out and get a test for a bio age test and they get one number and it's like, "Oh, see, I'm five years younger than my chronological age. I'm doing great." It's like, "That's such a misleading factor because we're really at this mosaic of everything." People can onboard with us and do this 90-day sprint. We'll go through and build out testing and show them where they're at.

They can onboard with us, "My shoulders really bugging me." Or "I have long haul symptoms." Or "I've got a cardiac issue." Or "I've got a joint issue. My knee is really bugging me." Or "My gut is a problem. Or "I have Lyme's disease," or something like that. Or "My brain is bothering me." We have some amazing brain technology. We can go in and in 90 days understand it at a much deeper level than you would otherwise.

Again, this is an investment. Now you're talking 15K, 25K, maybe 30K for a lot of these things, depending on who the person is and what their problems are. We're not cheap to work with. We're not the cheapest solution, but we are the best ROI for the investment, quite honestly. If you're going to invest in your health, I don't think there's a better place to invest, and of course, you're getting an exponential return.

[00:40:35] Jane: We were talking before we started this podcast, since we're going to live longer and there will be expenses in doing this to help us achieve a longer health span, you don't quit working at 65.

[00:40:46] Jeffrey: There's been a lot of studies looking at retirement. When people retire, they declined. When social security was instituted, it's expected that people would retire at whatever the age was 60 I think initially, they would die a few years later. Now people are living longer. I think that quite honestly, a lot of people don't enjoy their work. For a lot of people work is work for what you do and what I do, we wake up and it's a joy. We are doing what we love.

[00:41:14] Jane: It's a passion.

[00:41:15] Jeffrey: It's a passion.

[00:41:16] Jane: It hasn't always been that way. We had to adjust to get here.

[00:41:20] Jeffrey: That's right. Here's the point for the audience listening, if you're in a job where you're working, then realize that you'll get to the end of that. Instead of retiring, transition into something that you love, transition into something that you're passionate about, because that will be life giving. That will keep you engaged, that will keep you asking questions. It'll keep you growing instead of declining.

I think what's going to happen is people are going to be engaged longer, earning income longer, and I think that's how this is going to work. If you think that you're going to retire at 65, live on your social security and your 401K or whatever it is unless you have been very successful in life, when you factor in inflation and everything else, you're probably not going to get to have financial resources at 100 or 120 for sure.

If you really focus on, "Hey, you know what? I want to have an exponential impact for my family, my friends, my community," and things like that. Then you'll transition into, and you can start asking the question now, "How am I going to transition into this? How am I going to make this even more profitable? How do I go into a business where it's inflation proof? How do I do that so I can actually have the funds to fuel the impact that I want to have? Those are the questions that you need to address. That's how I see it.

[00:42:37] Jane: I've loved this conversation. Thank you.

[00:42:40] Jeffrey: It's been a pleasure chatting with you, Jane.

[00:42:42] Jane: It's left me shot out the cannon for the rest of the day, Dr. Jeffrey Gladden. Thank you very much.

[00:42:47] Jeffrey: Oh, my pleasure. Great, we'll do it again.

[00:42:49] Jane: You take care. I look forward to that very much.

[music]

[00:42:54] Speaker 1: You've been listening to the *Cutting Edge Health* Podcast created and hosted by Jane Rogers. The website is cuttingedgehealth.com. We hope you enjoyed the show and would very much appreciate your writing a review. They help a lot, and we read each one. Any information shared on this podcast is for educational purposes only.

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