

Paleo Solution - 175

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Robb: I guess we're rolling now. Okay. Robb Wolf here and Greg Everett in the house, episode 175 of Paleo Solution podcast. I need to get some more memory on my damn Macintosh. What's going on with you dude?

Greg: I was going to say I'm kind of beat up and tired after the seminar this weekend but I remember my name right away. I took you a little bit.

Robb: I was waiting for the damn thing to turn on. We usually do like this 3, 2, 1 countdown and then I press record. Then the thing just pauses and then I'm waiting and waiting and waiting. This thing is like the newest uber jiggliest thing but there again if you have like 80 tabs open and three or four different word processing, video editing you know things open and then you try to click on garage band and Skype then apparently this damn thing gets overwhelmed. Bastards.

Greg: That's the whole point of a computer, right, is to be able to handle complex processes and multiple ones at a time.

Robb: Yeah. It should everything. It shouldn't kill the crew of the spaceships and then launch their bodies into space. So it's crap man.

Greg: Oh boy.

Robb: So you did a seminar this weekend. You did it at Catalyst. How was that?

Greg: It was good. It was a good group of people and it's been about five years since we started doing these things. And the experience and the knowledge and the quality of attendee have continued to improve. It's pretty impressive. People come into this thing actually knowing a little bit what's going on rather than having someone walk in on day one and saying which one is the snack. When are we going to do the hang, jerk?

Robb: And when we get to the squat clean.

Greg: I covered that one at the beginning of Saturday.

Robb: That's probably before people have even sat down. You probably hit that one.

Greg: No, I make them sit down just for that little talk. Hey, listen up. If I ever see you squat clean in here you're going to be doing the rest of the seminar in the parking lot.

Robb: Under a truck tire.

Greg: All right. What's new over there in Reno?

Robb: Reno is sunny. It's heating up. The baby is almost walking. Everything is good. This thing goes up on Tuesday the 17th and then on Thursday the 20th I'm driving down to Carson City and doing a talk for the Bunny Ranch.

Greg: No way.

Robb: Yeah, next week we'll have some details on that. I'm very excited for that one. Nikki is rolling her eyes on that one so guaranteed fun for the whole family.

Greg: That's weird. It seems like she'd be super excited about that.

Robb: Yeah. It's like hey I'm going to give a talk to a bunch of you know nice young ladies at the Bunny Ranch. So yeah, yeah. It should be cool.

Greg: Cool. Let me how it goes.

Robb: Yeah. We'll see if we have any show sponsors after that show. But let's see here who we've got. We got Evolve Foods. Go to evolvefoods.com. We have grass fed whey protein. We have bars, jerky. We have jerky that has a little bit of sugar on it. We have a jerky that has no sugar for your orthodox Paleolites that absolutely twist your panties and freak out if there's sugar in there even though a little sugar and salts actually prevents the content of the bags from turning into a moldy bag of badness.

Greg: Moldy bag of mold.

Robb: So check out evolvefoods.com. We have frontdeskHQ.com for all of your small service based business needs. We can take payments, track appointments, schedule people, do front end and backend work. Front Desk HQ is your one stop shop mobile solution for running your small service based business. It doesn't even have to be small. It could be huge in fact. It's just I always think it's small because service based stuff because I'm thinking about like lemonade stands and dog walking and stuff like that.

Anyway frontdeskHQ.com and then the Performance Menu. Go check out the Performance Menu, the Journal of Nutrition & Athletic

Excellence. Go to catalystathletics.com or performancemenu.com all roads led to the Performance Menu so you'll find it eventually. When you sign up for the Performance Menu, you get 12 just gym dandy top of the line back issues as part of your sign up package. You have recipes. You have the best writing that's occurring in the strength and conditioning world in the Performance Menu. So definitely check that out friends.

[0:05:04]

Greg: Yes. That was longest Performance Menu commercial I've ever heard.

Robb: Probably only the third or fourth one that you've heard so. So Squatchy has gone all out on this thing. I won't say scrape the bottom of the barrel but we have definitely gone far and wide in finding all the unique snowflakes for which Paleo either doesn't work, doesn't quite work or yeah I don't know. You guys will see. This one is kind of a train wreck but it will be a good time.

Greg: It's a lot of long questions.

Robb: It is a lot of long questions and we still have like ten of them in there. I know that Greg has a class to get to so if we need to, you know we'll cut the umbilical cord on this thing at anytime and just shove it on out so.

Greg: Just be forewarned. All right. Well let's start if off with rice. Michael says my question is about rice safety. Yeah, rice needs to be wearing a seatbelt at all times. So I attempted to follow the autoimmune protocol for almost four months.

Robb: That was like the creeper weed. Like that one didn't come on.

Greg: We only have like 89 more sentences to go there. Let's see how I did. The first 30 days was great. I focused on grass fed meats, plenty of fresh veggies, berries and ripe bananas as fruit and sweet potatoes and squash for carbs, taking pancreatic enzymes with meals. I worked with a naturopathic endocrinologist so my vitamin levels and blood work are checked. After 60 days on this protocol my thyroid numbers were worst, my cholesterol was 25 points higher, LDL 30 points higher and HDL 6 points lower and BUN and other kidney numbers were worst.

I was also feeling very rundown, no energy, forget going to the gym. Prior to this when I was just doing gluten free I was having improvement. Now I did have blood sugar improvement and my skin was much clearer. My take was that I could not get enough carbs and it was driving my thyroid numbers down causing more thyroid and

major adrenal symptoms insomnia and wired at night. So I added back rice and some almonds to increase carbs and these effects all wore off and I had no ill side effects.

I think he means no ill side effects. The starchy tubers just do not seem to agree with me and trying to get my carbs from them was not making me feel energized but more exhausted. Immediately doing some rice got me back in the gym. So my question is I am a celiac and hear that all grains are a problem. I see rice is obviously the least problematic but having rice a few times a week seems to help. I cannot carb load potatoes as nightshades give me joint pain in my wrist. I'm just interested in some feedback as I see this as a solution.

But all of your information would lead me to believe I'm just not eating enough starchy tubers. Additionally, I have been checking my blood sugars with the rice and they are stable. If anything I always run a little low not high. I see many articles that folks with adrenal and hypothyroid problems especially females as I am will have a problem if they do not get enough carbs. Playing around I think I need around 100g a day and the tubers are not getting me there without side effects. Am I on the right track?

Robb: Holy smokes. So you know...

Greg: I feel like I was chewing on a freaking mouthful of marbles that whole time.

Robb: It was a lot. It was a lot. This is a good question. I mean it's really good stuff. And this is where you know we have all kinds of great theories and you know we get hoity-toity about Paleo and evolutionary medicine and all that sort of jive. But at the end of the day, this is where the individual differences pop up and I think that we just have to respect it and run with it. I observed, I was actually I guess a moderator for really really large gluten-free forum, god man, early 2000 like 2001-2002 something like that. And the folks on the forum I just noticed all of these people seemingly like clearly all of them ended up there because they have celiac or they figured out some sort of gluten intolerance kind of story.

A lot of these people had other autoimmune conditions like lupus and fibromyalgia and all the stuff. I'd worked with enough people even back at that early date that I had noticed that when people went Paleo you know grain, legume, dairy free that conditions like lupus and fibromyalgia and multiple sclerosis seemed to really improve with Paleo-type approach. And what I noticed on this gluten-free forum was that these people were eating tons of gluten-free bread and doing

lots of lentils, you know doing all the grains except say like wheat, rye, oats, barley, millet kind of story.

[0:10:03] Even though a lot of people still did oats as well because technically it's avenin and not gluten. So theoretically that's okay. Whatever. I just noticed that these people were not very healthy still. And the reason for this site existing was mainly to sell gluten-free products. And in my opinion most of them were still pretty problematic both from a glycemic kind of perspective but also from this kind of gut irritation systemic inflammatory autoimmune kind of deal. And so that's where kind of the first observation of a lot of people who have gone gluten-free had some benefits and we're eating these gluten-free foods mainly legumes and other grains and they just weren't all that good. And then as time progresses you know I learned that all these grains contained these proteins called prolamin.

They're rich in amino acid proline and they tend to be very difficult to digest. Even with rice I dug up some literature where some infants show celiac sprue type symptomatology with rice. And so it's like rice drives sprue where they actually have enteropathy of the enterocyte. The enterocyte have an immune reaction and get damaged. And so my deal has always been that you know for 30 days, 60 days pull the stuff out, try to stick more with you know "Paleo" carbs and then reintroduced things and see how you do. And so clearly with this person, what is her name? It says it's a she but it looks like Michael. So who know, the questions go on and on. So we have a situation here where clearly blood work is bearing out that getting I guess carbs from fruit and roots and tubers is not cutting it.

Maybe there's a fructose issue, maybe there's a sort of FODMAP issue where you're getting some small intestinal bacterial overgrowth. It sounds like you've probably worked on with a pretty solid person. So maybe they can do some investigating on that side of things. But at the end of the day, all of that bullshit aside, what you seemed to figure out is that throwing some rice in the mix makes you feel better, gets you in the gym, you perform better and you know that's really what matters. Like at the end of the day I've always said this like I'm not religious about the Paleo stick like I like to use this just as a starting point. It seems like most people do really well with this as a starting point. Like it seemed like you know if we were like playing darts this seems to get us like pretty close to the bull eye but not everybody. And I think like white rice or maybe you're talking about brown rice, I don't know.

But whatever the rice is that you're eating if it's working for you, if it's getting you in the gym and you feel better and you feel like you're making progress and it's mitigating the signs and symptoms of

adrenalin fatigue and thyroid dysregulation, by all means that's what you do. If you are really benefiting from it then I would probably do it more frequently than just a couple of days a week. Maybe that's part of your daily gigs. You know there are some people that are going to eat wheat or gluten containing items and they are going to plow right through it. And maybe we could find some indication of some systemic inflammatory issues on the blood work, maybe not. Because of just genetic variability we should have an expectation that we get a responder on just about any end of the spectrum. I think I'd mentioned this in previous podcast. There are some people that when they are administered opiates when they're having surgery or they're in a car accident or something like that, it's actually stimulating and it doesn't really cause all that much of analgesic effect.

So there's a huge spectrum of response out there and this is also like, I just wrote this piece on evidence based medicine and the fraud and double standards and all the stuff that goes into that. Some of the challenge that we face with the way that medical research is done at this point is we want big numbers of people. And the reason why we want big number is so that we can try to get a representative sample of a population. And this is supposed to kind of normalize variances from person to person. And then also another piece of this is that if we have very small differences from one parameter to another, if we have a large sample size then statistically we're able to window out what this difference is and try to find some statistical significance in this. So that's all well and good except that the huge sample size starts making individual differences more and more pronounce.

[0:15:00] Like if you don't fall under that particular bell curve, if you are 2 or 3 standard deviations outside that it's just bullshit. It doesn't matter for you. And I think that this is one the things that, there are a lot of layers to this. But you know like the litigious nature particularly American society like we sue the heck out of doctors. And so what that does is it causes the doctor to quit thinking and just rely on diagnostic medicine, just running lab work. And it also causes the doctor to simply hide behind studies instead of actually doing some thinking and doing clinical medicine and doing some experimenting to see what's going to work for the individual. So we create these scenarios where we got these big picture theories like Paleo or we do a big study like the Nurses' Healthy Study and this is supposed to paint a big broad picture about what's right for everybody.

When in fact when we start arguing down to the individual level, we have huge individual variation. And it doesn't leave any wiggle room then if we're either religious about our nutrition doctor or if we're kind of ignorant to the fact that a large scales statistical model

actually confound the results that we get with an individual. So does that make sense, Greg? Does that make sense at all?

Greg: I assumed so.

Robb: If not, that's fine. We're 20 minutes in anyway. So we're good. We only got one question done so.

Greg: It's going to have to make sense.

Robb: Yeah. Yeah.

Greg: Okay. This next email may contain traces of wheat, dairy or soy. Thomas says Robb and Greg since the poison may not actually be in the dose is it worth avoiding foods that provided disclaimer on the label saying that they may contain traces of wheat, dairy or soy. Will the same answer hold true for foods that claimed they were made on equipment shared with wheat, dairy or soy products ala Trader Joe's salsa verde. I hope they would at least take a hose to the equipment before running tomatillos through it. Thanks and you guys rule.

Robb: One would hope. You know if we're talking about somebody who has a peanut allergy for example who can go into anaphylactic shock and die then I think you'd probably want to be very respectful of food labeling that you know it's shared on equipment shared with peanut or whatever manufacture on equipment shared with peanuts. I clearly am very very reactive to gluten. But even then like if we're traveling and we grab some dark chocolate or we got these dried mango spears or slices. Zoey really like chewing on those when she's teething, and they also happened to be delicious. But on the label it says shared with equipment or on equipment shared with wheat manufacturer or whatever gluten. And I've tried them and I feel fine.

And so I've continued eating them. But I guess the takeaway on this for me is like how reactive are you. Is the food really really yummy so you get a little bit of that cost benefit kind of deal and just make those considerations. You know its incredible variable on the backend of the food manufacturing. Like sometimes the gluten manufactured stuff is completely on the other side of the plant but technically they still need to mention this stuff. And there is the slight possibility that the stuff could get kick up in the air and kind of aerosolize then come down and land on your salsa verde or whatever. But you know there's a lot of variation within that. So just consider how reactive you are. How tasty the food is. And I guess do a little risk reward kind of analysis on that.

Greg: Okay. Fair enough.

Robb: This one is long.

Greg: The phantom menace. I'm sure that would be explained here. Rick says dear Robb, Greg and Squatchy. Got one B on Robb and two Gs in Greg. That's odd. Thank you all for being unendingly beautiful. Now on to the serious business. An avid Paleo follower for two years. I have much thanks for what it has done for my life so please do not the following question as a complaint, but more of a request for scientific clarity on a particularly vague and recurrent concern on my tangentially challenged cave man wonderings. Fudge. This is going to be gnarly. I have recently adopted a Paleo + rice and oats approach in order to bring down my food budget as even careful shopping in the UK brings Paleolithic living for two in the region of \$750 a month which is currently unsustainable. This was after three weeks of strict autoimmune protocol which I must say healed my psoriasis by around 70%. A benefit I have maintained post reintroduction suggesting nightshades/eggs were the issue.

[0:19:57] Reintroduction brought with it gut pain, bloating and chest tightness all of which were concerning at the time given my previous insistence on watching the body. It's only two weeks in and all symptoms have mostly disappeared, a trend that I expect to continue. This is not the first time I have experienced this nor the first anecdotal evidence I have seen supporting more persistent reintroduction of apparently problematic foods. All of this makes me wonder. To what extent is the reaction that we are getting from reintroduction food actually just to "normal" readjustment to a food that has been avoided for a long time? I felt like we've had this question before.

Robb: We have. Not this long though. It was more concise.

Greg: The Paleosphere normally comments by claiming that standard American diet create too much noise to allow for symptomatic clarity. Whilst there is a truth to this as people notice unpredicted changes when first going Paleo. I feel like this question was submitted by Stephen Hawking or something. I feel it is used as a coverall and is potentially harmful advice especially if symptomatic reintroduction is without harmful physiological cause. People could be needlessly avoiding foods otherwise tolerated by their body. As a mediation/mindfulness practitioner for the last seven years, I do not think I am particularly prone to miscommunication from my body. And this ability does not disappear with the "noise" of a more regular diet.

I'm either aware of symptoms or I am not. Combine these following beliefs most people are unaware of the harm their food does to them. Any foods can disrupt healthy functioning even in apparently healthy

people. You will only know if a food is harmful by elimination and reintroduction. Any abnormal symptom in the body must be paid attention to. You must modify your diet until you find the appropriate balance for you. Every one of these has a sound basis but everyone can also create a situation whereby susceptible individuals create phantom problems maintained through intentional bias, hyper vigilance, selective memory and a horse blinkered mentality amongst many Grok'ers, yourselves not included.

There's a huge potential for healthy people to become over watchful of their body causing them to make their lives unnecessary stressful and complicated which ironically by itself is enough to create problematic symptoms. This leads to my question, apologies for such length up to this point. If reintroduction of food previously eliminated foods can cause symptoms that were not historically experienced and pain with consistent reintroduction of said food without obvious pathology how does one distinguish from being problematic and normal symptoms. Eternal gratefulness for all your work.

Robb: Do you want to take a stab at this.

Greg: Do I. No. That was the extent of my stab.

Robb: I feel like I'm completely out of my wheelhouse on this. You know folks can run around with low grade systemic inflammation from stuff like wheat or I guess an egg allergy or whatever. Where this stuff becomes problematic in my opinion is so you know this low level problem is there and then a parent gets sick and goes in the hospital or goes in the hospice and you're super stressed out in trying to deal with that or like you go through to a divorce or job change or whatever. And your life situation changes in such way that something that was kind of a low level irritant. Let's say below the level of like popping into the threshold. You know it's noise in the background instead of signal saying that hey this is a problem. And so this thing goes from subacute to acute. And then it's chronic because it keeps going on for long term.

So that's my concern with this. And when we look at early on you mentioned people may be avoiding some benefits from these foods that they're otherwise avoiding. Typically what we're pulling out are grains and legumes maybe for some people dairy. Although within the dairy I'm definitely good to go with grass fed butter and whole cream. And if you tolerate grass fed ideally grass fed yogurt or whatever like those things seemed good to go with me. Again, I think that people, I guess the point here is like so you feel like shit when you first start eating it or just symptomatic and then over the course of time that

kind of ratchets down and so are you. Are you somehow missing something by avoiding it all together?

I still think that there's the potentiality there of developing some other problem down the road. When we contrast this with Matt Malone work looking at nutrient density and the quality of nutrients relative to caloric intake most of the food we're talking about here what we're jettisoning and replacing is actually more nutritionally dense than the stuff that we're typically bypassing. So I'm just not that concern about potentially ditching wheat and eating more sweet potatoes except in the example of the person above who apparently sweet potatoes are problematic. And so she's going to do rice you know. I guess there are again layers and layers of individuality and nuance with all this.

[0:25:03] You know I guess some of the caveat in this is we've talked about people in the military. They eat really well when they're not deployed but then when they're placing deployment it's probably a good idea to throw some wheat in the mix because they're going to get exposed to it at some point. And it's better to not suffer the GI distress from that. It's better to suffer the GI distress when you're home and you've got access to a quick bathroom versus traveling through the backwoods of Afghanistan or something like that. So I can make a good argument for that. But I feel like there's a pretty strong argument for removing that problematic food or potentially problematic food when you get home. And then replace it with more nutritious food. I mean it's a great thought and I do think that some people become hypervigilant to what they're eating and become neurotic.

But this feels a little bit like the story that we have with trying to deal with catering to both an athletic population and an overweight sick inflamed population. So when we're dealing with sick overweight inflamed population, we're talking about lower carb Paleo approach. When we're talking about an athletic population, we're talking about a higher carb approach. So people are different. People have different needs. People are going to response to things in different ways. And so when we start talking about this food elimination story some people are really sick and pretty fudge up and they really need to get in and scrutinize their food and look at it. And they get healthy and move on. Some people are going to become fucking neurotic about it and there's going to be some problem with that. But I don't know what the perfect solution is to that other than put the information out there and let's see what happens.

So I don't know that there's a perfect one size fits all kind of gig with this. It feels a little bit like trying to apply some sort of nutritional

socialism to this whole thing so that everybody is a winner. Everything is exactly equal. Everything is addressed when in the reality there's going to be personal accountability and some individual responses to this stuff. It's a little bit market, a laissez-faire kind of gig where you're going to get in and think. And if you're a neurotic person then you might end up developing neurotic tendencies. But you could develop those neurotic tendencies eating vegan relative to eating Paleo. So I don't know. There's not an easy one size fits all kind of story with this.

Greg: All right. Let's move on quickly before you spin out.

Robb: Who me?

Greg: Oral IV for military folks. Jake says hi Robb and Greg thanks for all the information you shared. It has dramatically improved the quality of my life. My question. A product called oral IV is becoming increasingly popular in the military. From what I understand it's an electrolyte cocktail that's absorbs sublingually and intended to aid rehydration. And promotional materials include microscope images of a dehydrated individual's red blood cells before and then 60 seconds after using the product. The difference is dramatic. Everything about this scream snake oil but it's being endorsed by at least one reputable special ops guy and is gaining popularity. Do you have any thoughts especially about what's going on with the before and after blood images.

Robb: Yeah. I check this thing out and it's kind of I probably have enough spec ops people who want to shoot me as it is just with the relationship that we have CrossFit HQ. So I'm reticent to bring more people who are very good with carbines and rifles to bring their crosshairs to bear on me. But when I dug around on this thing, it was talking about the like electrical charge of the red blood cell is changing and they stick together due to that and then 60 seconds later they don't stick together. And it's this myocellular mix of electrolytes. To keep this one short, I'm throwing this one pretty much under the snail oil deal.

I couldn't track down any other literature on this to support any of this. Now all that said the one thing that I would some sort of a crack in the door for the potential for some sort of clinical efficacy here. There had been studies where they run people on the treadmill, run them to exhaustion. Have these people rinse their mouth out with a sweet tasting solution. Has no sugar in it. It has no caloric content. It just tastes sweet. But simply tasting sweet allowed people to run like 3% or 5% longer than the people who had rinse their mouth with essentially water. And what's involved with this to some degree is that fatigue is not just at a localized muscular level.

[0:30:00] It's not just in the cardiovascular system but it's actually occurring and being interpreted in the brain, this whole central governor kind of concept. And so when the brain interpreted that it had received some nutrition some sweet tasting nutrition then you know some sort of logic tree occurred in the brain saying okay we got a little bit of nutrition. We'll allow this body to run a little bit longer. And so there might be something to that like if folks are taking this and they immediate feel better and it happens to have some sort of a sweet flavor to it or it could even be a salty flavor for that. Who knows?

But there may be something else to this mechanistically where people are legitimately feeling better. They're legitimately getting an ergogenic performance enhancing effect off of it but it has nothing to do with electrolytes at all. So that's the one. I'll leave the door crack open for that as being a potential mechanism. There might be something going on here clinically. People may in fact be getting some sort of the benefit out of this thing but in my opinion it has nothing to do with electrolytes or changing red blood cell clotting or anything like that.

Greg: All right. Creatine versus caffeine. Battle royale. Dave says hi Greg, Robb and Squatchy. Thanks for helping me be a little less fat and a little more knowledgeable on all things Paleo and fitness. The podcast is the highlight of my week. Don't judge. Well it has to be for one us. My question is regarding competing interaction of caffeine and creatine. Per your recommendation I supplement with creatine usually a small scope in the AM and another small scope after training right before dinner. The instructions on the side of the tube read do not take with caffeine. I generally don't mix creatine into my coffee. Your sand latte, sir. But I do like to supplement my personality and general happiness with coffee anywhere from a cup to four daily. Giving up coffee seems about as likely as cutting my own hand or leaving my wife for Sofia Vergara.

But knowing this antagonistic interaction exist raises some question in my walnut size brain two of which are the following: One to what extent are the benefits of creatine diminished by intake of caffeine. Does my handful of morning coffee make my creatine intake as effective as drinking sand or baking soda? That's how it taste anyway. Two, depending on your answer to no. 1, does this effect depend on timing of the caffeine, the dosage or both or neither or even something else i.e. can diminish creatine absorption be avoided by taking at x hours after the last coffee consumption or perhaps by limiting coffee intake to one cup a teaspoon or perhaps cycling on and off both legal drugs.

I would appreciate your guidance on this issue. Dr. Google can be a helpful dude but he's also pretty ADHD. So while he was answering my creatine question he ran off to chase butterflies or something. Your truly, deeply, forever and ever. P.S. Greg, every single podcast between your funny observation and ornery responses you cause me to laugh out loud for serious. Thanks for the bit of levity. Though I'm sure the people on the next cubicle or the next car over think I'm just a little bit special. Well you are a little bit special.

Robb: Listening to this podcast guaranteed. Yes. Yes. So the short answer is that caffeine really doesn't seem to have any effect in changing the kinetics of creatine supplementation, creatine absorption. What's the guy's name Vanakosky ended up doing a study on this that was pretty solid. There's also this paper in Pharmacological Reviews, clinical pharmacology of the dietary supplement creatine monohydrate and this thing is a monster. It's like 6000 pages long. But they end up looking at the transport kinetics and compare and contrast it with and without caffeine and there's just no difference.

So I'm not sure where, you know what. I do remember there was an early study that seemed to indicate that caffeine interfered with creatine absorption and then subsequent studies seemed to prove that wrong. So the first study has been invalidated. But the first study information seems to have stuck, you know rooted into the psyche of the creatine manufacturers and users.

Greg: Okay.

Robb: Dude. I'm getting better. My answers are getting shorter.

Greg: Kicking power and weighted pull-ups. Alex says Robb and Greg, thank you for the great podcast. I have two questions with respect to training that I was hoping you might be able to answer. I trained for Muay Thai. While my punches are solid my kicks and knees are pretty fucking pathetic. I would like to train to improve the speed and power of my kicks and knee strikes and wonder if you all have some suggestions. I have a double bodyweight deadlift and 1.5 x bodyweight squats. So I have plenty of room for improvement there.

[0:35:03] Do I need to target both hip strength and mobility? What exercise do you all think would be most beneficial? Finally, what would be ineffective set rep loading scheme to improve weighted pull-ups, working from ten bodyweight pull-ups to ten pull-ups with 45 pounds. Thank you for your help.

Robb: You know when you look at Thai boxers who come in, Thailander kicks are incredibly explosive, very very fast, and they never trained with

weights at all. And that said a good friend of mine, Vic Verdier, who is MovNat master trainer and long time Thai boxer, long time trainer of Thai boxers. He has these dudes lift a little bit of weight, do a little bit of Olympic lifting, do a little bit Plyometrics activity actually a little bit of weighted pull-ups and these dudes ended up kicker harder. But I mean it's very very little work that he does supplement of this. It's like two days a week of 15-20 minute session doing some power cleans or power snatches, some dumbbell snatches and stuff like that. Maybe a little bit of squatting. And it just makes these dudes get a little bit more explosive, a little more wired up. But the main deal is just technique and repetition on that motor pattern.

So it'd be interesting to see what you are doing mechanically. There could be some hip mobility issues. Although, most of the low kicks shouldn't you know like a leg kick you need virtually mobility to do that and that should actually be your hardest kick. And then as you start getting that angle up, the power generation potential actually starts dropping off. So I'm just wondering if there's not a technical issue here. Because it seems like the double bodyweight deadlift and the 1.5 x bodyweight back squat should be more than adequate for Thai boxing. You know you might benefit from some explosive works, some dynamic effort work, some Olympic lifting but very very peripheral like the main story with this is going to be making your technical elements perfect or as near to as you can.

So I'm curious about that. You know the other thought here maybe is some core stability. I'm wondering if there might not be some ab and low back weakness or something. Because definitely part of the deal with a good Thai kick is the counter rotation of the upper body relative to the lower body and you need that to be tied together with a very very solid mid section. And I know when I was doing the Thai boxing, when I was doing the Capoiera and everything and doing gymnastic stuff L sit heading towards like a manna, L sit press to handstand, front levers, back levers on the rings. Like my kicks were really wired together. And since I haven't been doing a lot of that stuff, my gymnastics skills are way lower. My abs strength is less than it was. Like I'm getting my L sit where I can pull up into a V sit again and stuff like that.

But I had some pretty impressive ab strength at one time like one handed ab wheel rollout and stuff like that. I'm miles off of that now but I'm trying to inch my way back into it. But when my core was really really strong, my kicks were pretty phenomenal like they were really really strong. But I was also very very technical and I spent a number of years really refining the technical side. But I'm actually wondering if there's not a midline stability issue here. That would be

the bigger gig. And then Greg what do you think on that stuff and then also on the progression to ten pull-ups with 45 pounds.

Greg: Well on the kicks and knees, yeah, the first thing that came to mind was that it's probably more of a technical thing. It's like you said I mean a lot of these guys don't ever train with weights. And I don't know that if you threw them under bar if they'd be able to hit a double bodyweight deadlift or 1.5 x bodyweight squat. So there's clearly more at play. And so if technically you're dialed in, you're putting as much force into that movement as possible and so you may just be losing some of that strength you have. Well kind of a technical leaks I guess you could call them. But I don't know the first thing about kicking people. So Robb is better with answering that as I am.

Robb: But you are a purple belt with kickboxing experience so.

Greg: Yes. But I weighed more than they said. Let's see the ten bodyweight pull-ups to ten pull-ups with 45 pounds. I don't know honestly. I would probably approach it from a couple of different directions. I would work on both getting the number of bodyweight pull-ups I could do consecutively up as high as I could and then work from the opposite end.

[0:40:00] Probably starting with the 45 pounds and doing as many pull-ups as you could with that whether it's 1, 2, 3 whatever it is. Doing multiple sets and maybe doing kind of density training sort of thing ala Ethan Reeve where for example you're doing a couple of reps on the minute, getting a total number over the course of 10-15 minutes whatever it is. And then over time increasing the number of reps you do each minute until you can string that full ten together.

Robb: I like it. My only other thought was working that max in strength and like the one to five area and then doing another session where you're doing the five sets of ten or whatever of chins or pull-ups whatever the movement is. And then slowly adding weight to that so you're able to do it with us bodyweight then you add like 2 pounds and you're able to do that volume with the 2 pounds and then 3 pounds and then 4 pounds and slowly stepping it up that way while also working the max strength side of the equation.

Greg: Indeed. Okay. School me on food intake during a deload week. Alex says Robb and Greg. I have a question regarding how much food to eat during a deload week. My body just wants to crush everything I see: meat, veggies, starchy carbs, Volkswagen Beetle, iron deficiency. I'm assuming this is due to my body thinking it needs the same food intake as during the heavy training portion so I'm not a 100% sure if I should just eat like my body wants and hope it's helping the recovery

process or cut down on my food intake due to the lower intensity levels.

The below information is to give you some background on my intensity levels so you have a clearer picture but don't have to spend two hours reading it on podcast. I rock climb three days a week for 2-5 hours each session and do two heavy full body workouts plus a lighter technique full body workout, 50% weight half volume. That's odd. Fifty percent in the first thing then half on the other thing. By the time, I hit my deload week I'm pretty beat up. During the deload week I climbed 2-3 days with the lower volume in difficulty and only lift twice usually using 50%-65% of my normal weight with the same volume.

My goals are improving and climbing along with strength gains and not gaining any body fat. By the way, you answered a previous question of mine regarding improving my squat relative to my deadlift. I'm happy to report I've added close to 50 pounds in roughly a 4-month period. Sweet.

Robb: That's amazing cause we just make all of this up and have no experience based to draw from. So that's very cool.

Greg: Yeah. The short answer I would give on this one is just eat the way you're going to eat.

Robb: Yeah. I mean I would just eat the way you're going to eat and maybe do a waist measurement. Because you're a climber this is a rarer situation where I would say keep a scale handy and kind of monitor your bodyweight and clearly a photo maybe once a week or something so that you can see what your body fat level are looking like. I would just eat. If you notice that you're gaining a little bit of weight then dial the stuff back. But otherwise I mean that recover piece if you're legitimately going into the deload week a little bit beat up then you do want good nutrition to be able to recover from that.

And your deload week still seems like you're doing a decent amount of work. So I don't know that it's not like you're just hanging out on the couch or something like that. It seems like you're still doing a decent amount of work. So I would agree with Greg. I would eat as per your desires and just monitor things and then if you are going a little bit out of control on that then it's time to dial that stuff down.

Greg: Maybe don't eat the Volkswagen but other than that I think you're fine.

Robb: Yeah. Yeah.

Greg: Okay. I can't get rid of gout. Billy says hi Robb. I'm a Paleo/CrossFit guy all the way. My dad had gout and died recently from complications from syndrome X. I'm strict Paleo and I am a Crossfitter and jujitsu practitioner and have a super active lifestyle. Unlike my dad, I'm 5'10" and 178 pounds and about 12% body fat and having this composition all my adult life. I'm 47 years old and can't get rid of gout. I choose mostly cold water fish for protein and chicken. I drink lots of water and take 1g of fish oil a day. Am I just one of those guys who will need to control gout with allopurinol? Thanks brother man. Have fun. Train hard.

Robb: You know Chris Kresser just did a piece on gout and I have literally the tab open right now. Have not had the chance to read it so I would recommend doing a little googling on Chris Kresser gout and see what those piece is.

[0:45:00] Some thoughts on this. You know getting vitamin D levels check, making maybe to supplement with like some liver detox precursors like alpha lipoic acids, selenium maybe even some milk thistle. Cause this whole story kind of happens in the liver and you could tinker with lowering overall protein intake. I wouldn't see a problem with that. You just up your carbs or up your fat, keep the calorie intake approximately the same. You might legitimately have some sort of a polymorphism where you breakdown those purine rich protein in an inefficient way or actually in an efficient way but then the disposal of those purine byproduct end up accumulating as gout, the uric acid accumulation.

Yeah. My thoughts are to try some liver support and/or try dialing the protein down a wee bit and then from there, you know allopurinol is not the most benign stuff. But I would give those things a shot. I would be really interested to hear back from you whether this stuff works or does not work. So Billy please tinker with that. Keep about as detail a notes on what you've been doing and then how you change that so then we can look at that. And I'd be really curious to know if the liver support seems to help and/or if dialing the protein back a little bit seems to help.

Greg: All right. Too much protein made adrenalin worst. Elisaar, I hope I'm saying your name somewhat close to correctly, says hi Robb. Thanks for the info you're giving our community. I'm a bit lost and thought you might know something about this. In the first few month of Paleo, I had my digestive disease under control but my adrenal fatigue became much worst. I suspect it's because of the protein intake causing too much cortisol to be produced for gluconeogenesis or the body doesn't have enough.

Could this be the reason for me feeling worst? My cortisol tested lower a few months ago and my fatigue now keeps me on the couch all day [fee] days a week. I assumed five days a week. Before I could I spend my days out and be okay. Any thoughts would be very much appreciated. Thank you. Kind regards.

Robb: I think we definitely had English as a second language on that one. So I guess my question here is why are you not eating more carbs. The autoimmune protocol unless you're in a situation like Terry Wahls who had multiple sclerosis and control the multiple sclerosis with a low carb Paleo diet. You know other than that some people because of the situation they need to eat low carb but then if you feel like it's causing adrenal fatigue. I don't know.

Like I just feel like I need to know a little more information here but the primary question is why are you not eating more carbs. And if you feel like you're eating too much protein then why not eat less and eat more Paleo carbs that are maybe even good fat, olive oil, grass fed butter, coconut, whatever floats your boat on that. So I guess those are my questions with that if you're suspecting intake being a problem with cortisol and inadequate carbs.

Greg: All right.

Robb: Does that seem reasonable?

Greg: Yeah. Totally reasonable. You are a very reasonable person Robb.

Robb: Dude was that the last one?

Greg: That's it.

Robb: Holy smokes man.

Greg: Some how I thought that was going to take like fucking 180 minutes.

Robb: We smashed that one.

Greg: Swell. You smashed it. I just read some questions.

Robb: Yeah the hard part man. I just make this stuff up so it was easy.

Greg: Well I do what I can Robb. I do what I can to try to make us look good or sound good.

Robb: Luckily. Luckily. Very cool. What else?

Greg: Any parting thoughts.

Robb: Bunny Ranch. Actually that's an interesting story on that for next week. Might have a new show sponsor. I'm going to try to work that angle. I think that that would be very bad ass having the Bunny Ranch as a show sponsor. I have a post going up on Wednesday about an update with risk assessment program here in Reno and some of those developments. I've already talked about it a little bit on the podcast but kind of flushing out some of the details with that. The nutrition cert motoring along. That's about it. I mean good stuff. Lots of projects rolling along but that's about it.

[0:50:02] Just chop wood, carry water, and try to keep all the wheels on the wagon.

Greg: Cool.

Robb: And you.

Greg: Chop wood, carry water, wax on, wax off.

Robb: Exactly. Exactly.

Greg: Paint the fence.

Robb: Paint the fence. So anything folks need to know that you've got going on.

Greg: Nope. Let's see here. It's March, April I'll have a good new announcement for you guys sometimes kind of middle of next month mid April or so. And then that should be pretty exciting and then of course chipping away on the old documentary, documenting American weightlifting, so you can keep up on that Americanweightliftingfilm.com. Any news of course will be posted there.

Robb: Nice.

Greg: And on the SpaceFace page and I believe that's it.

Robb: Right on man. Okay. Well thanks for making this one as painless as possible.

Greg: Sweet.

Robb: All right dude. Talk to you soon.

Greg: See you.

Robb: Bye.

[0:51:10] End of Audio