

Paleo Solution - 212

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[Music playing]

Greg Everett: 6:30 to 45 minutes for your shift to start. [Laughs]

Robb Wolf: Hi folks, it's episode 212 of the Paleo Solution podcast and yeah, we had a little bit of a—you know, I mess around with this thing trying to get it to start faster and do whatever and I do a memory upgrade and it just is what it is. Greg, what's going on man?

Greg Everett: You know, I was thinking about it and I always say not much. Every time you ask me that question and it's more like that there's so much going on that I'm too overwhelmed to say anything specific.

Robb Wolf: That works. That works.

Greg Everett: Right. So we're getting ready to move our gym to a new location although conveniently enough it's across the parking lot.

Robb Wolf: Perfect.

Greg Everett: So that's good, although it doesn't mean it's easy.

Robb Wolf: So can we still sing like the Jefferson song like moving on up?

Greg Everett: It's more like moving on left.

Robb Wolf: Oh.

Greg Everett: It's not really up.

Robb Wolf: That works. [Laughs] Yeah

Greg Everett: It's not gym in the sky or whatever the rest of that song was.

Robb Wolf: Oh, okay, a deluxe apartment in the sky.

Greg Everett: There you go.

Robb Wolf: Perfect. Perfect. Okay, well nobody wants to hear me sing. True story here, Nikki and I had on like some holiday music and like Nat King Cole

song came on and Nikki and I started singing it and Zoe started crying as if she'd been stuck with a hot poker so. That was like okay, we really do have really incredibly terrible singing voices. So yeah.

Greg Everett: That's pretty bad.

Robb Wolf: Okay podcasts sponsors; Performance Menu, journal nutrition athletic excellence, PerformanceMenu.com. Thirty dollars a year, you get all the issues within that year, you get various variety of formats that you can check those out on. A hundred bucks a year gives you access to all the back issues and all kinds of other snazzy things and it gives you 15% off discount in the Catalyst Athletics store. Anything else?

Greg Everett: No. Oh, yeah. There is something new actually, now that I quit screwing around and think about it. We now are offering gym accounts for the Performance Menu, which means if you're a gym owner or you run a weight lifting team or anything like that, you can sign up to have an account that will let you offer your members a 25% discount on subscriptions.

Robb Wolf: Nice.

Greg Everett: And it will also, if you do it properly, give you a 20% commission when they subscribe. So it's a win, win, win.

Robb Wolf: Everybody wins.

Greg Everett: It's three wins.

Robb Wolf: Awesome. Do you have a blog post on that? Or...

Greg Everett: Sure don't. But there's a—if you go to PerformanceMenu.com and you look at the little thing there in the middle of the page that says become an affiliate, click on that and it would be easy sailing.

Robb Wolf: Okay. Cool. Cool. I like it. WellFoodCo.com, Well Food is your place to go for, you know, grass-fed meats, snacks, jerky. It's kind of funny, would you sell some "paleo" cookies, which is always hard to put paleo on cookie, it is a goddamn cookie after all but we've had a super snarky email from this woman who was like clearly you guys do not understand paleo because to lose fat, it must be low carb and the second ingredient on this is honey. So you guys don't know what you're doing so there and I wrote her--

Greg Everett: Clearly the only reason to eat paleo is to lose weight. There's no other reason to do it.

Robb Wolf: And you know the funny thing, I wrote this reasonably long email and then it was kind of like and we get down to the basic personal accountability story of you have a goal of weight loss and you're buying cookies.

Greg Everett: Duly fucking cookies.

Robb Wolf: What the fuck? So yeah. Okay. Yeah.

Greg Everett: Yeah. You don't remember the weight loss cookie?

Greg Everett: Oh that's right the cookie guy.

Robb Wolf: That was like probably 15-20 years ago that was one of those like MLN things that was all over the place, it was --

Robb Wolf: And those guys are probably living in the Bahamas in like a castle now so.

Greg Everett: Probably.

Robb Wolf: Okay.

Greg Everett: After six months of work.

Robb Wolf: Exactly so, yeah. Buy some cookies, buy some jerky or don't, it's cool either way. It's just whatever lights your fire. Who else, who else? Masa Natural Meats go to MasaMeats.com. These are the folks that we get our grass-fed meat from. They ship anywhere in the continental 48 United States that is. Then finally FrontDeskHQ.com, FrontDesk is your mobile-based solution for serviced-based businesses, dog walking, stroller striding, cross fitting, yoga-ing, Pilates-ing, that's where you want to go. Check it out, al the cool kids are doing it, FrontdeskHQ.com. Bam. Okay. Sweet. So what's this first link Kill Cliff?

Greg Everett: I don't know. Should I look at the question?

Robb Wolf: No. No. No. I won't recommend it.

Greg Everett: Alright, Kill Cliff the recovery drink, Steven says:

“First, just want to get all the mushy stuff out of the way, so thank you both for all the wonderful knowledge you drop on us on a weekly basis”.

Robb Wolf: Foreplay is nice, I like it. [Clears throat]

Greg Everett: “I adopted the Paleo lifestyle about 2 years ago and haven’t looked back since... Well sort of, I am stationed in Italy, and evidently they like their pizza and pasta”. I like their pizza and pasta too. “But I have a question about this “new drink” that I have seen around the internet and at my old CrossFit box called KillCliff. It was developed by a former Navy SEAL that includes all natural ingredients like Ginger Root, Green Tea Extract, Milk Thistle, Ginseng Root Powder and an enzyme mix of Amylase, Beta Glucanase, Bromelain, Invertase, Lipase, Protease 4.5, and Serrapeptase as well as B, C and E Vitamins. BUT, it is only a proprietary blend and they don’t disclose the exact amount of each ingredient”. That probably means there's nothing in there. “So my question is (besides the flavor being called Double Awesomeness) do you see any benefit to this drink to supplement for recovery/ and anti-inflammatory? The link is attached below”.

[0:06:07]

Robb Wolf: You know--

Greg Everett: Have you seen this stuff yet?

Robb Wolf: I have, I've got a case of it, I tried a can, it actually taste pretty good. You know, with any of these stuff, like if we were to cut the ingredients at the cutout, the BCE, you know the antioxidant vitamins and the vitamin B stuff, there's some pretty good indication in the literature that B vitamins and a reasonably high dose of antioxidants like CNE actually suppress the adaptation response to exercise. So we get this hormetic response. We have some damage, the body needs to adapt to overcome, accumulate and antioxidants can actually suppress that.

The things like green tea extract, ginger root and those things are technically antioxidants but they work somewhat as hormetic stressors. Also I like milk thistle, it has some cool effects on the deliver and whatnot. Again the issues in, Greg alluded to this, already is that we don’t really know how much of any of this is in there, like do we have therapeutic dose of milk thistle. So I don’t know if there's enough of the good stuff to do what we want to do and then I don’t know if there's too much as of what I would characterize as “bad stuff” being the BCEs, that they can potentially be problematic from suppressing endogenous, you know, our own antioxidant recovery kind of response.

So I would put this a little bit on the gray area where I'm not a 100% sure if it would be a good thing or a bad thing. I just kind of default too, you know, whey protein powder, maltodextrin if you're really pushing the outer edges of performance. When I get done with the really hard jujitsu session, I'm actually doing some full fat goat yogurt and a giant sweet potato as my initial meal and then about 45 minutes later I do a more substantial protein meal with a little bit more carbs based on how bad of a shellacking I took that day. It seems to be working pretty good so far. Like, could it be better? Yeah, maybe, but you know, so I'm bouncing all over the place here. I actually had a good night sleep the past couple of days. [Laughs] So still decent energy now, could be a good thing, could be a not incredibly good thing, I'm just not sure, it's hard to tell.

Greg Everett: I took a look at these things a few weeks ago. I was down at Mike Bergner's place for a couple of days with my lovely wife and he and some in his old fridge in the garage. I was talking to Bo Bergner and his son about it and he said yeah, you know, they taste good but the biggest thing that stood out, there was no protein in the drink or anything like that.

Robb Wolf: Right.

Greg Everett: Which to me is like, I want a recovery that's like the number one thing I'm looking for.

Robb Wolf: Right.

Greg Everett: I feel I could be totally high, I'm remembering this wrong but I thought there was caffeine in it too.

Robb Wolf: I thought that there was too but maybe not.

Greg Everett: Which to me is, I just don't get that, like post workout, I don't want to get all freaking hyped up.

Robb Wolf: Right.

Greg Everett: Especially for, you know—there's a lot of people who train later in the day and that's probably the worst possible thing they could do but I don't know. I don't know the guy who made this. I don't know the company, I don't know...

Robb Wolf: They're nice folks, they're totally cool folks, they've been supporters of paleo, and they're super nice people. You know, nothing negative there but just from a credible scientific standpoint it's hard for me to fully get in and be like yes this is like Chuck Norris tears is going to solve every problem you have. I just can't say that.

Greg Everett: Well that's a perfect segue into what I'm going to say is that you got to be careful about getting too big of a hard on about products just because they were made by a former Navy Seal. Like that's such a great marketing tool these days. I mean, that's not where TRX came from.

Robb Wolf: Yeah. Yeah.

Greg Everett: I mean, I was there with you down in San Diego.

Robb Wolf: We made fun of them. It was the unveiling of the stuff and we were making fun of them.

Greg Everett: Dude.

Robb Wolf: And one of the guys came up later and was like Sir Robb what do you think about this? And he puts like a big meaty hand on my shoulder and I was like oh this stuff is great, you know, I mean...

[0:10:10]

Greg Everett: Don't kill me.

Robb Wolf: Yeah, don't kill me. And then those guys were laughing all the way to the bank but yeah.

Greg Everett: Seriously. So in any case, the same goes for everything. If it's made by a pro athlete or made by a Navy Seal, well that doesn't mean it's awesome. It could be. It could be the greatest thing on earth but that's not really a good reason to think a product is good.

Robb Wolf: Yeah.

Greg Everett: Yes, that's my point.

Robb Wolf: So again--

Greg Everett: Here's a little bit of your old critical thinking that you learned in school there.

Robb Wolf: Yeah, you know, do a case of it. See how you recover from workouts and, you know, do an experiment of N=1. That's like the best—the most credible thing I could say all that in reality is just like experiment and see if you like it, see if you like the results.

Greg Everett: I needed to find a way to legally get GHB into a whey protein powder because that would be the ultimate recovery beverage. Where you just pound that thing and then five minutes later, you're in a coma for like 10 hours.

Robb Wolf: I remember buying that stuff from GNC and literally like four hours of sleep on that was like 15 hours of normal sleep. It was amazing. And people had to ruin it for us

Greg Everett: Yeah. Thanks a lot all you frat boy dip shits who ruined it for the rest of us by being a bunch of rapists, good job. Okay, branched chain amino acid ratio. Michael says:

“What is the best ratio of leucine, isoleucine, and valine? For example 8:1:1, 3:2:1 etc.”

Robb Wolf: Oh, man. You know?

Greg Everett: I need this precise Robb.

Robb Wolf: I did a top of poking around on this and, you know—oh lordy—this stuff is all over the place like depending on what—okay. So some of this is that historically there's been a sense that the insulinogenic effects of branched chain amino acids was beneficial. There's been some research that seemed to indicate that was true and then some research that seem to indicate that was false that the specific insulin pulsatile effect is actually not that big of deal. Like the talk about it being anabolic and everything and it's like, yes it is. But it's not like you need something that is over the top and then you're going to get some sort of an enhanced effect.

Branched chain amino acids are kind of the—when we start running low on hepatic glycogen then we tend to start breaking down the branched chain amino acids out of our muscular pool and those things are very easily converted into glucose. So they're kind of the first line that the body goes to when we're doing some really hard training where we're starting to diversify the fuel substrates we're using. So there's a really a good argument for supplementing branched chain amino acids. I think that the literature is pretty clear that it improves recovery, you know exact ratios.

Like I really have not pinned all that down like maybe someone like Lao McDonald who really, really goes down the rabbit hole on this might have a solid answer. I haven't found anything super conclusive. I would tend to argue that a little bit closer to a balance ratio like if I were to lean one way or the other, I guess like the 3:2:1 leucine, isoleucine, valine, I would probably go a little bit more that way. Because that tends to represent a little bit more the breakdown that we see in meat but I can be wrong on that. Like, again, I spend a decent amount of time poking around on this trying to get some definitive answers and then I think that branched chain amino acids are good. I think that there's lots of literature that supports that. Some of the assumptions about why they may be good related to insulinogenic factor or effects, I don't think that there's as strong a case for that.

You do want to be careful using branched chain amino acids late in the day because they can compete for tryptophan passing the blood brain barrier and so it can actually be a little bit stimulating because you don't produce your melatonin and serotonin cascade. So something to think about.

Greg Everett:

Cool.

Robb Wolf:

Or not. Don't think about it.

Greg Everett:

No. It's something for you to think about and then tell us what to do.

Robb Wolf:

Oh, perfect. Okay.

Greg Everett:

Alright. Gorging on, one to two days to eat less during the week, Jason says:

"Hey Robb and Greg, thanks for all the hilarious podcasts you two have made, I laugh out loud while walking and look crazy because of you quite often".

Robb Wolf:

He must be listening to someone besides us. Probably.

Greg Everett:

"My question is pretty straightforward...I am a very active individual looking to slowly increase my workload even more over the coming month. Right now I'm trying to fuel myself with enough good quality calories every day, eating as close to 4000 calories as I can. I try to stick to 3 meals, as you can imagine, this is quite difficult to do in just 3 meals, but my problem is that my acrobatics are in the evening and I finish late

and by the time I'm home if I would eat I would end up finishing right before bed, and if I eat at all at night it screws up my sleep so I try to keep my meals to earlier in the day". World's longest sentence

[Laughter]

"The main problem with that is that eating so much in one meal is bloody EXHAUSTING! I am only 143 pounds at 5'11" holy crap, quite wispy. "A twig, and my digestive system is not too strong as is. I know the ideal thing would be to lessen my workload, but the simple fact is that this is something I love to do, and it's what I wish to make my career in as well. With such a high training load, and tons of movement daily, 3 big meals slow me down... So my question is do you think it would be alright to eat less during the week, not a huge amount less but let's say 2500 calories...and then on weekends when I am not doing classes in the evening I would eat very large amounts such as 6-7 thousand calories. On these days I could just do very, very light movement, but pretty much stay in rest mode mostly. In my mind, I would be storing the excess energy as fat, and then utilizing it during the week due to less calorie consumption. Reasonable? Obviously this is all individual, but I'm curious to see your opinion on it. Thanks in advance and sorry for how long this is"! It's okay.

[0:16:13]

Robb Wolf:

Greg will not kill you for the run-on sentences. Man, I guess it could be a way to skin the cat like the fact that the digestion is, you know, you're saying it's a little on the weak side.

Greg Everett:

How about just supplementing with some liquid food?

Robb Wolf:

Yeah.

Greg Everett:

I mean that's not ideal but it's like if you got to get 4000 calories and you only weigh 143 pounds. That is tough to do.

Robb Wolf:

Yeah, you know some liquid food maybe more like three meals and a snack. Maybe three meals and two snacks like this is where, you know, we have kind of our paleo idealized deal of intermittent fasting and being a caveman and all that. And then there's kind of a modern reality of work and school and jobs and training and being 5'11" and 143 pounds and trying to find out how to remedy that. So yeah, I mean, some liquid food.

Definitely it sounds like some digestive support would be smart. Now food, super enzymes, God forbid you don't buy the paleologic stuff because Chris Kresser make it and I made that to, you know, to be a

better formula but people get pissed that we made something and stuck our fucking names on it. So definitely don't buy that one. Jesus Christ, I'm in a frisky mood today. You know digestive support would be smart. One thing that I've seen in addition to just throwing in some digestive enzymes like now food is actually doing about like a tablespoon of red wine vinegar. Did you know that the increased acidity kind of gets things pumping along with regardless to the digestion?

Yeah, I don't know that, you know, going lighter calories five days then huge mega calories two days. You know, there's some argument for doing that just in general to help with recovery but I think you just need to be probably be more consistent with meals across the board, play with some liquid food and definitely do some digestive support.

Greg Everett: Alright.

Robb Wolf: Bam.

Greg Everett: Boom. And be careful with those flips and twirlies up in the air because you could get hurt.

Robb Wolf: Indeed. Indeed.

Greg Everett: Okay. Oleic acid and seborrheic dermatitis are actually what it says is dermatitis but that's a totally different topic. Oh, this is Justin of seventies big fame.

Robb Wolf: What's up dude?

Greg Everett: Justin are we in a big fight or something? Are you mad at me? How come you didn't review American Weightlifting? I feel hurt. But you know what, I'm going to be the better person and I'm going to read this question with all the fervor and enthusiasm I can muster on a Friday at 10:30 after three hours of sleep.

“Hey Robb and Greg, I've noticed various questions on your show about people getting skin rashes after shifting to a Paleo diet. I even remember having rash issues when I transitioned to a Paleo approach in 2008. A woman I know has had some persisting dandruff. She sleeps well, trains regularly, takes Vitamin D, magnesium, and fish oil, and adheres to a Paleo eating approach. After trying various shampoos and conditioners, her dandruff conditions persist. I started doing some research on seborrhic dermatits” there it is, it's spelled like that again. “And one of the causes is fungal related, specifically a type of yeast called Malassezia”

or something like that I don't know. "Long story short, Malassezia uses oleic acid as a metabolite; it allegedly consumes the saturated fats and leaves the unsaturated fats to irritate the stratum corneum, the top layer of skin. This "barrier breach" on the skin induces an irritation response: dandruff and dermatitis". There we go. "My chemistry is not stellar and I haven't heavily researched this topic, but is there any merit to the idea that fish oil — or perhaps an overabundance of it — may supply this fungus with metabolites that could lead to this skin irritation? I'm not suggesting the fish oil is bad, but merely causing a weird reaction when this fungus is actually present (at the time of this writing I don't know how the fungus gets there to begin with). In any case, I've heard Robb chalk up skin issues to most likely missing out on a vitamin or mineral in the diet. Is there any merit to something like the increased amount of dietary fatty acids causing or exacerbating skin problems? Thanks fellas."

[0:20:13]

Robb Wolf:

Yeah. I mean that last sentence is really where it's at. Is there any merit to these dietary fats causing or exacerbating skin problems, absolutely. Most people who start eating paleo start supplementing with fish oil see some dermatological improvements. I'd say like one person in thirty, one person in forty, they'll actually get some acne. They may get some flaky skin and dandruff and what I've seen is that they tend to—these folks tend to benefit from an activated omega-six like a GLA supplementation primrose oil, borage oil. We usually dial the fish oil down a bit and again we've modified our position on the fish oil where I used to be more in like that 10 gram a day camp. I'm more like the 2-4 gram a day kind of position these days, but even that maybe a little bit heavy for some folks and/or they may need to supplement with something like a borage or primrose oil to get those, you know, Barry Seers icosinoids balanced. So most--

Greg Everett:

Icosinoids Robby.

Robb Wolf:

Icosinoids kiddo. It's the whole ticket man.

[Laughter]

Fuck yeah.

Greg Everett:

Oh god, I wish I had just like carried a video camera with me the whole like three years.

Robb Wolf:

It would have been good if it had go probe and invented that would have been incredible.

Greg Everett: Just the helmet camel.

Robb Wolf: Yeah.

Greg Everett: Oh, man.

Robb Wolf: Greg, what's that on your head? Nothing.

Greg Everett: It's a GPS so my friends can find me.

Robb Wolf: I have head trauma and I get lost easily.

Greg Everett: Well that's true.

Robb Wolf: That is true for both of us. So yeah, I mean in reality I would do some tinkering with dialing fish oil down a bit and ratcheting up the inactivated omega-six like the GLA. Most of the folks that we've talked to with issues like that that usually addresses the problem and you know more often than not it seems to be women and they usually they have a little bit of— yeah they might have some menstrual irregularities around this and you know all the usual caveats go into that addressing good health. Maybe doing some resistant starch, probiotics all that sort of jive can certainly help with these issues too.

Greg Everett: Cool. Good luck to your lady friend.

Robb Wolf: Indeed.

Greg Everett: Alright.

Robb Wolf: Baron Dalen Valsalva.

Gregg Everett: Valsalva maneuver. Susan says:

“New to weightlifting and need some help. I am 60-year-old female totally a mess until I hired a trainer who introduced me to fitness and Paleo in January. I love it all, well maybe not the burpees, but need some advice about breathing” in and out. “My trainer recommended using the Valsalva maneuver to help with my lifts. I am trying to learn this but I went to Dr. Google and saw many bad reviews of this. I am dead lifting 135 and pressing 47 so I am progressing slowly but increasing each time I work out. My back squat is not working well. Shoulder mobility is lacking but working on this. One day I will do a real pull up”! Yeah Susan, my

back squat is not working well either it drives me crazy. I don't know why those weight don't want to just go up.

"I have lost 65 lbs and feel better than I have in 30 years. I have about 40 lbs to go. Yes, I did not throw the scale away. Off the Celebrex and no more pain except soreness" well that's awesome. "I would appreciate any help with this. I listen to the podcast at work and love it". Aren't you supposed to be working at work? "Know you need a life but I would love more podcasts...Thanks for all you do. You have helped to change a life"!

Robb Wolf: Well it's good to know we've been missed during the holidays and our hectic schedule and recycling some of our mellow gold from the past.

Greg Everett: Jock gyms. [Laughter]

Robb Wolf: Oh, man. So did you want to take a crack at this? Do you want me to...?

Greg Everett: Yeah. Okay. I think the whole Valsalva maneuver, it just—it gets a bad rap. It's like putting a name on a diet for example. Gets people freaked out and it turns into some huge big deal. I think and I feel like it's a very natural thing to do to kind of hold your breath while you're exerting yourself very hard. I'm sure people can think of many examples of this on your won without any prompting but, you know, try, you know, pushing your friend over or something, I don't know. Taking a dump without holding your breath for a brief second and you'll find that it seems very weird.

But I think the key is that most of the anti-Valsalva maneuver, anti-breath holding stuff is just a cover your ass kind of thing. They don't want people with heart issues or blood pressure issues holding their breaths or their breath and bearing down on having a fucking stroke or heart attack. And so I guess that's a valid concern but you also have to kind of weigh that I think very, very small potential risk against the much realer risk of say spinal injury under load.

[0:25:36]

So I do think that more and more I find that releasing some of that pressure during the most difficult part of a lift like a squat is a little more helpful than actually holding your breath throughout the entire movement. So that kind of mitigates some of the potential problem right there and you can do that without losing any significant trunk pressurization. So you're still maintaining a lot of this stability but your doing so in a way that doesn't make your eyeballs feel like they're going to pop out of your head and you don't end up with like your sclera is solid

red from all the burst blood vessels. That might make you feel a little better.

So take a big breath say on a squat. Take a big breath before you start the way down. Hold it through the bottom position on the way up kind of as you get through that sticking point, that toughest portion. Just release some of that air out just a little bit. Don't release it all like your sinking to the bottom of the pool or anything like that and make a cool tough, grunting sound or something like that and that will kind of ensure that you're not releasing too much and maintaining some good pressure but releasing a little bit to help your head not pop off.

Robb Wolf:

I like it. You know, something with this, even – you know, granted there's risks in life. Like if you're alive then there's the risk of death at some point until you're dead in which case I guess there's no longer any risk. So, you know, with that exculpatory clause out of the way, does it make more sense to train people in an incremental fashion, how to do these types of things that they might one day need to do to save their life or just generally live. You know. Picking up a bag of cat litter, your car stalls in the middle of an intersection, everybody is being a dick and they're not necessarily getting out to help you and so you've got to get out, push on your steering wheel, push on your door frame and like move that car.

Even if you have some health concerns, like it seems to me that it would be nice to incrementally train this in a controlled fashion and granted out a million people there's going to be some morbidity and mortality attached to that. But then how much more benefit is there from people generally being fitter and also learning how to do this maneuver under a controlled, you know, environment with a coach there? Like yeah that was good or no that wasn't so good. You know it seems like any of the potential for like cerebral hemorrhage or you know heart problems or what not if you're training this incrementally then we're going to decrease the likelihood of doing it in a completely spastic way that is actually life threatening or you know health threatening. So yeah.

Greg Everett:

Yeah. No spastic ways. Alright. A paleo solution for paroxysmal, lone atrial fibrillation. This one's going to hurt me I'm sure.

Robb Wolf:

Yes.

Greg Everett:

Mark says:

“One health issue you have all been silent on is the “other” heart disease epidemic: Atrial fibrillation. What good science is there on how to

prevent it? I am a long term endurance athlete, now in my 50s, with no history of heart disease. I have never been a smoker or overweight. In the last 6 years have had increasingly frequent but intermittent bouts of symptomatic “lone” atrial fibrillation, likely vagally mediated, most often lasting many hours, usually beginning when I sleep. So far, despite a myriad of well-intended suggestions, from dietary taurine, magnesium supplements, Hawthorne tea, and less exercise, to a myriad of nasty prescription drugs, nothing has slowed the increasing frequency of this condition. I can no longer reliably train for the triathlons I used to compete in regularly. This is a more common and more debilitating condition than most people realize, and it is the number one cause of stroke. So, what can your medical investigative skills do to help me and the thousands of others who are also afflicted with this”?

Robb Wolf: So here’s the irony. Mark provides both the question and the answer. The question; what good sciences are on how to prevent it? The answer; I’m a long distance endurance athlete now in my fifties.

Greg Everett: Oh.

Robb Wolf: Yeah.

Greg Everett: I see where you’re going with this.

Robb Wolf: Yeah. So --

Gregg Everett: I see what you did there.

Robb Wolf: Not much we can do here at this point. Like we have two docs at the clinic that I work at and both of them former, you know pretty high level endurance athletes. Both of them with atrial fib, both of them had to undergo atrial ablation to deal with this. They’ve actually had some pretty good success with that. You know, this is where people go back and forth and, you know, again and , you know, we were just talking a moment ago about the Valsalva maneuver and, you know, the inherent risks. Like we think they have people play out into one of two camps. Either they try to exercise themselves to death or they need to be doused with gasoline to get them off the couch and you know there just seems to be virtually no middle ground between the two of those.

[0:30:26]

The literature is pretty clear that the higher level the endurance athletic activities, the more the mileage, the more the hours per week. The increased likelihood of Atrial fibrillation and then from there, I mean, magnesium can help, taurine can help but a lot of folks just end up

needing either a atrial ablation or a pacemaker at some point and that's just kind of the cold hard reality of that.

I'm a little fast twitchy. I'm a lot lazy so I clearly have a bias against endurance athletics in general. But this is one of these things that—there's a great YouTube Ted Talk from a former athlete/cardiologist and he talks about a different story which is actually specific—actual muscle tissue damage, elevated troponin levels similar to what you would see during a heart attack which is kind of a different story but this occurs in high level endurance athletes. So again, is it healthier to sit on your ass and be on the couch your whole life? Probably not relative to do endurance athletics. People love endurance athletics etcetera, etcetera, etcetera, but there does appear to be some—you know there's a dose response curve on this and the benefits end up plateauing out rather quickly. So that what I got for you.

I wish it was something different. I wish you the best. The two docs in our clinic are totally paleo-ed out. We've tried everything under the sun to help them and both of them ended up needing an, you know, atrial ablation and then one of them ended up needing a pacemaker to really finally get that atrial fibrillation under control.

Greg Everett: Yikes.

Robb Wolf: Some things diet will not fix.

Greg Everett: It's true. Okay. Acupuncture? G. says:

“Hi there, I spend a fair bit of time reading medical literature and trying my best to figure out the best ways to proceed with my own health issue (autoimmune hypothyroidism). I have honestly had the best results with pure evidence based (rather than experiential based) medicine. Notice that I did not use the term western medicine as that term is in itself rather racist considering that this form of healthcare has had contributors from pretty much any nationality one could mention. Also as this composite form of healthcare progress's it certainly does treat the patient as a whole, the big problem being crappy doctors rather than a crappy central concept”. Robb you're racist. “My question is about the efficacy of acupuncture. To my knowledge there has never been a conclusive trial showing acupuncture to be any more effective than a good massage or for efficacy in treating serious ailments. In addition I have read time and time again that there are no correlate physiological structures to be found at acupressure points”. Actually, you're not a racist you're a hemisphere-ist.

Robb Wolf:

Oh man. I'm global. I'm global bitches. So gosh, let's see here, there are no correlate physiological structures, let's tackle that first. There've been some interesting studies where folks are hooked up to an MRI so they're doing brain imaging and some needling will be done on them at the various acupuncture points and you'll get some stuff lighting up in the brain. Then they will do a like a nerve block and then the areas that were lighting up in the brain pretty much shutdown. So I mean that there is some correlate within the basic nervous system and what not.

There is some interesting stuff out of gosh, some, I think a Neanderthal or maybe it was a homo erectus—maybe it was a Neanderthal. Oh I forget which one but anyway—no it couldn't have been a Neanderthal. I think it was an archaic homo sapien but the guy had acupuncture meridian stuff tattooed into his leg and those spots correlated with like the small intestine and then the small intestine actually had a parasitic infection. It looked really similar to what you know some traditional Chinese medicine people would use to treat some sort of chronic parasitic infection.

I mean there's a lot—there's a decent amount of anecdotal stuff out there. I wouldn't say that—here's an interesting thing. I like the evidence based medicine clearly. Like we can't—I don't think—believe in a 6000 year old earth and have any real hope of understanding the way that biology works and the way that we work in this system if we're not thinking about like evolutionary systems and stuff like that. A bunch of people will fucking quit listening to the podcast because of me saying that but whatever, fine. But Within this evidence—

[0:35:14]

Greg Everett:

He'll be replaced with someone who doesn't know any better anyway, who thinks we're geniuses.

Robb Wolf:

Yeah. Exactly. Exactly. So what's—G. is very excited about, you know, the evidence-based medicine system. How good is our current evidence based medicine system in dealing with type two diabetes, cardio vascular disease, neurodegenerative disease, cancer? I'll tell you how good it is, it fucking sucks. And there's an arrogance around the way that evidence-based medicine tackles these issues and we're completely blinded in my opinion in by how effective antibiotics were in dealing with infectious diseases and so we assumed that there's one disease, one pill, one cure kind of story and that's absolutely incorrect.

So when people -- Squatchy you did a great job here, we're going to be talking about acupuncture then right after this we're going to be talking about chiropractic really quickly. Yeah, there's not--

Greg Everett: So witchcraft episode.

Robb Wolf: It's the witchcraft episode. Right after the Valsalva maneuver. You know, there is a ton of trials out there, who's going to fund them, you know? And the things that do exist, I will fully admit that acupuncture is probably not going to cure cardiovascular disease, it's not going to cure cancer, it's not going to cure a lot of things. But for muscular skeletal issues for some actually certain degenerative diseases, people do seem to get some sort of a, you know, possibly an endorphin mediated alleviation of what they have going on.

You know, even within the—let's just say that it's a placebo effect. Okay, placebo happens to be one of the most effective medical treatments that we have and has one of the lowest complication rates that we have. So we should probably use placebo medicine even you know more vigorously than what historically have done and I have more to say on that but that's good for now. You know I think that acupuncture is something that is pretty non-invasive. It's something that is worth a try for a variety of different conditions.

I will say this, within the traditional Chinese medicine story, the herbal medicines are pretty interesting and there are a ton of different medications that have been derived out of a traditional Chinese medicine. The anti-aging drug that's been tinkered with TA-65 is derived out astragalus curcumin, quite a number of things. So, you know, trial and error observation doesn't tell you the whole story but over thousands of years some people have observed some benefits from different approaches.

I would also caution being too overly enamored with the current evidenced based medicine story because it's not operating from an evolutionary biology perspective as its foundational guiding tenet and so without that, the whole thing is just kind of flailing around in the dark in my opinion. We'll get some stuff right but we'll get the bulk of it wrong though. It's going to be an absolute knockdown drag-out fight to get people to start looking at this from a full picture evolutionary biology story like sleep and food and exercise and gut endobiome and that whole thing.

The irony though is that I think that we're actually going to do a lot of good for folks when we finally start getting that fully integrated approach. In doing that without throwing all of our pharmacopeia to the wind that there's lots of drugs and medications that are very, very beneficial. I just think that they could be used in a little bit more intelligent manner.

Greg Everett: Alright. Well from a guy who hates acupuncturist to a guy who hates chiropractors. Matt Kennedy says:

"Hi Robb,

I get why so many chiros are pro Paleo (they're anti pills and pro movement etc.) but why does much of the Paleo world – which embraces the scientific method and stands up against pseudo-science so fiercely – drink the chiropractic Kool Aid so willingly? I mean, subluxation to cure cancer??" I think you got that backwards there Matt. "Or neck manipulation of kids and babies?? Fuck me. I know not all chiros go all the way down the rabbit hole but still, if chiropractic isn't the Scientology of the medical world then what is"? Conventional medicine.

"Plus calling themselves 'Doctors' when they're simply not (sure there are a handful who are also MDs) is just bare-faced fibbery". Actually no, their degree is a doctor of –

Robb Wolf: Chiropractic

Greg Everett: -- chiropractic, dip shit. "The Paleo world stands up against mega-NGOs (like 'The Heart Foundation' and 'The Cancer Council' here in Oz) who tow the old lines for fear of public backlash – even at the risk of out health) so where's the backlash against the damaging and myth-riddled Chirology"? Matt, this one I take kind of personally to be honest. I mean acupuncture I can go either way, it doesn't work well for me but I know people for whom it works very well.

[0:40:01]

I have a chiropractor who works absolute fucking wonders on me and on my whole weightlifting team and on many of our fitness clients. She doesn't go around telling people how to live or what to eat and all that kind of bullshit and she's not claiming to cure cancer. I don't know what chiropractors you've come across but they sound like a bunch of fucking assholes. So who gives a shit if they call themselves doctors? They are technically by definition, they are doctors. They're not calling themselves MDs. That's a totally different thing.

[0:40:34]

It's like a fucking lawyer has a doctorate too. They don't go around calling themselves MDs though right? They're JDs. So I mean I would honestly get the fuck over that and start worrying about whether or not you're seeing a good practitioner of any type whether it be chiropractic MD, PhD, JD fucking whatever D rather than trying to like pigeon hole all these people into one big group. It's not like – I mean to me that's a small percentage of the total chiropractic population. Maybe it's different down there in Oz as you guys like to call it but I don't know. Everything is upside down, I can't tell which way is up.

Robb Wolf:

[Laughs] Greg is all spun up. Yeah. You know, so I do know that there are folks in the chiropractic scene that definitely go seriously down the rabbit hole like with the claims of curing cancer and the adjusting kids and babies. Yeah it's a little dodgy, I'll admit that. But you know, here's an interesting thing. When we look at the actual statistics on problems from adjusting folks, there's just not that much there. Every once in a while you get a dissected cranial artery and people can die from that. But people die every day all the time from standard medical procedures. So again there is a certain amount of risk inherent in this whole story. Physical therapy has had to fight and scrap and battle to get any type of credibility within the mainstream medical scene and still if you really hold a lot of what physical therapists do, if you hold it up to the standards of evidence based medicine, there's not a lot to go on.

Part of that is okay so somebody comes in and they're complaining of low back pain, how do we get ten people with low back pain, how do we create a randomized controlled trial where we test one modality versus another? Is it the same low back pain? Is it the same etiology? Is it the same cost? You know, do you have exactly the same practitioner applying the same type of modalities on these folks to fix it? It gets really, really murky as to how to you know, meet the standards of most of evidence based medicine and I will just as an aside you said I mean subluxation to cure cancer. Okay how well is our current chemotherapeutic and radiation therapy in dealing with cancer? Just straight up honest evaluation of that it's not particularly good after 40+ years and billions of dollars spent on researching it and tinkering with people.

Greg Everett:

But it's not barefaced fibbery for them to call themselves doctors Robb.

Robb Wolf:

That's right. So again you know, I feel like I end up standing and as almost god so many different things. But you know, I feel like on the one hand I'm defending a pathway that leads to witch doctors but then on the other hand I'm defending the hallowed halls of you know, established

academia. Both of them are kind of you know, have decent pillage of bullshit within them and --

Greg Everett: But that's exactly the point.

Robb Wolf: Yeah.

Greg Everett: Is like if you really want to compare like the percentage of MDs to the percentage of DCs who are fucking idiots, I don't know that it's really that different. You know what I mean? Like there is good people in both of those groups who do really good work.

Robb Wolf: I'll say this that if --

Greg Everett: And there's a lot more who do really shitty work.

Robb Wolf: Absolutely. I will say this. If you don't have a gunshot wound, if you didn't just get hit by a bus somebody a chiropractor who can order basic blood work, who's going to recommend a paleo diet and who has the time to spend with you talking to you about your sleep and food and exercise, that person is going to be a lot more benefit to you in my opinion for the vast majority of people than your primary care practitioner who is going to spend five minutes, ten minutes with you possibly? And provide no nutritional support or anything like that.

[0:45:04]

You know, granted it falls back ultimately on the individual. I mean it's not all the docs responsibility to get people to do things differently but there is a reality that chiropractors do take more of an interest in nutrition and exercise and sleep and lifestyle and those sorts of things and they tend to take a longer amount of time with folks if they're tackling that stuff.

There are also chiropractors who have a crack and rack them kind of practice where you know, they've got a person in five different rooms and they spend five minutes with people and adjust them and on their way and those people are not really doing all that good of chiropractic medicine. So again --

Greg Everett: And that describes like 99% of MDs though.

Robb Wolf: Exactly.

Greg Everett: But instead of cracking them it's fucking prescribing.

Robb Wolf: Right. Right.

Greg Everett: So like I said I just don't see like what the huge objection is. And Matt, you realize that you're writing in to two people who don't have doctorates right?

Robb Wolf: [Laughs]

Greg Everett: I have a bachelor's degree and it's fucking English.

Robb Wolf: [Laughs] Well I guess we do still have some –you know, personally I've had huge benefit from chiropractic doing combatives, doing Brazilian jujitsu and stuff like that. Like I had a twisted rib a while back and I just kept trying to foam roll it and do this and do that and it just wasn't resolving and it was really impacting my ability to roll. Then I went to my chiro and this gal actually is an ART practitioner and chiropractor which I really think that chiropractic without a soft tissue modality attached to it is tough to support. Like if you're doing ART or myofascial releasing in conjunction with the chiropractic it takes longer but for a given session but man it just works so much better in my opinion. Yeah.

Greg Everett: Agreed.

Robb Wolf: Two sessions with this gal and my twisted rib was completely dealt with, I could breathe deep, I could roll at full tilt and I've gone in since then about once a month just to get a tuneup on that and just in general I get some of the soft tissue areas of my shoulders worked on and so my mobility is better. She just kind of checks me out and she notices when like my SI joint is out of whack. Immediately I'll kind of notice my SI joint not tracking properly and if I don't address then I'll do something that then irritates my L4-L5 disk bulge from sitting all the time so.

Greg Everett: I guess I kind of take it for granted though that a good chiropractor is also a good soft tissue like a manual therapist. Because doing only skeletal manipulation is dumb. That's like saying I'm a carpenter but I only use a screwdriver.

Robb Wolf: Right.

Greg Everett: It doesn't make any sense.

Robb Wolf: Right.

Greg Everett: So forgive me if I kind of skipped over that part but yeah if all your chiropractor does is adjust your spine, that's pretty dumb.

Robb Wolf: I think it's really leaving a lot of money on the table and I know that we're going to chiros that listen to the show and are fans and maybe they don't do soft tissue and I apologize. That's my position. It seems like it's Greg's position but I really – in my opinion I think it's doing a disservice for dealing with musculoskeletal issues without dealing with the muscular part just as aggressively as you do with the skeletal part.

Greg Everett: Yeah. So.

Robb Wolf: So we pissed everybody off on that. Who-hoo.

Greg Everett: Well you know what, people write in for our opinions do they not?

Robb Wolf: I guess they do. They'll probably stop after this.

Greg Everett: Well actually yeah, they probably write in for facts but you know, we don't always have a lot of those.

Robb Wolf: It's all opinion

Greg Everett: That is in my opinion a fact.

Robb Wolf: [Laughs]

Greg Everett: All right.

Robb Wolf: Okay. One more.

Greg Everett: Should we wrap this last one up?

Robb Wolf: Yeah. We'll bang through this one.

Greg Everett: Make it quick here?

Robb Wolf: This one yup.

Greg Everett: All right. Joss says:
"Robb & Greg,

I'm a 42-year-old male; I've been lifting for slightly over 2 years, mostly doing 3 sets of 5 on the key lifts. My strength has increased a lot, but I find I still get injured a couple times a year. Specifically, I've injured my shoulder doing some indoor climbing (I think I overextended myself), doing wall-balls, or even lowering a heavy push-press rep. Also, my elbow flares up each time I do chin-ups (never kipped). How should I go about bulletproofing my joints? Should I add some high reps / low weight on the classic lifts? Or add some different movements (e.g., shoulder rotations)? Any other ideas? Last, should I just learn to live with it (and prepare myself for even worse as I get older)?" Joss there's all kinds of stuff you can do.

Robb Wolf: Yeah.

Greg Everett: I would say number one more variety. The way you describe that it makes it sounds like you do the same thing for the same sets and reps over and over and over again for slightly over two years. That's a great way to get some joint pain. I would also say try some the chondroitin MSM glucosamine supplement. They're dirt cheap. For a lot of people they work really well and then I already said more variety and more mobility and more warming up. For the love of god you guys, warm up.

Robb Wolf: Yeah. The warm up is huge. You know, for upper body stuff, I really like some basic gymnastics drills, tumbling, getting a decent hand stand, basic ring work, being able to do skin the cat is just so incredibly therapeutic for their shoulders. If you can't do it, then that's a pretty good indicator that you've got some serious problems brewing in there. And even for bigger folks this is one of the impressive things when I started hanging out with John Wellborn like a 300- pound dude that can do a front lever, that could do a muscle up, that can do a skin the cat pretty much effortlessly. John has got some wear and tear on his shoulders and you know, like when he benches heavy he has to kind of modify how he does it to deal with I think a pec tear that he had in the past.

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But he's been another person that's like yeah if I do more ring work then my shoulders feel way better. So the mobility, mobility plus strength you get out of ring work is just phenomenal and it will definitely carry over to your indoor climbing. You can get a huge variety on stuff like that, archer push-ups, skin the cats, front levers, back levers, working towards a one-arm chin. There's all kinds of good stuff to be had with that.

Greg Everett: Yes. Good stuff to have. Have that good stuff.

Robb Wolf: We have that good stuff. Aw. Okay.

Greg Everett: Right.

Robb Wolf: So this maybe the last podcast because nobody is going to want to listen to anything after this.

Greg Everett: They're always possibly the last podcast.

Robb Wolf: That's true. That's true.

Greg Everett: You know what, that's the way it should be. You got to live every day like it's your last Robb. You got to podcast every podcast like it's your last.

Robb Wolf: I like it. I like it. Well I think --

Greg Everett: Because it very may well be.

Robb Wolf: May well be. Well cool. Well this hopefully was a good one or at least --

Greg Everett: The internet may not even exist tomorrow. We don't know.

Robb Wolf: That would be amazing.

Greg Everett: [Laughs]

Robb Wolf: That would be amazing. All right, man, anything new that people need to know besides the gym/team discount package for signing up for the Performance Menu?

Greg Everett: That's the main one for now. I got some -- of course I said I was going to take some off after the movie was done and not take on any new projects but I have several that I'm working on simultaneously.

Robb Wolf: Nice.

Greg Everett: Hence my three hours of sleep last night. So I'll have some more stuff for you guys soon.

Robb Wolf: Outstanding.

Greg Everett: Very soon.

Robb Wolf: Cool. All right G.

Greg Everett: Yes.

Robb Wolf: We'll talk to you soon.

Greg Everett: All right. See you.

Robb Wolf: Later man.

[0:52:21] End of Audio