

Paleo Solution - 270

[0:00:00]

[Music playing]

Robb Wolf:

Hi guys. Thank you for your continued support of the PaleoSolution podcast. I also wanted to take a moment to and thank two of our wonderful podcast sponsors. The first is Thrive Market. Thrive is a new online marketplace offering the world's bestselling natural and organic products at wholesale prices. If Costco and Wholefoods online got together at a rave and got liquored up, their child would look a lot like Thrive Market.

So the way that Thrive works for less then \$5 a month, about \$59.95 annually you get a membership that gives you access to more than 2500 of the highest quality, food, supplement, home, personal care and beauty products. Those are all delivered straight to your door and at 25 to 50% below retail price. Orders above \$49 are free but that's only in the continental United States. RobbWolf.com followers get a free two-month Thrive Market membership as well as 20% off of your first order. So go to ThriveMarket.com/Robb Wolf and you can get in on that deal.

Our second podcast sponsor is Hylete. Check out Hylete's innovative athletic apparel at Hylete.com. You'll love Hylete and I absolutely do. You can love a whole lot more of them because if you enter the code RobbWolf50, R-O-B-B-W-O-L-F-5-0, you'll receive a holy cats worthy 50% off your purchase. Thank you again it's time for the show.

Howdy folks. That was a long pause. Doc Parsley and I were just talking that our next go around is probably not going to be Macintosh products because as cool and easy as they are to use and as nasty as they were not having a black carpass on them back in the day they're kind of a pain in the ass. So now I've already told everyone that Doc Parsley is on the line. Doc, how are you doing?

Dr. Parsley:

I'm doing outstanding. As long as my computer keeps working, I'll be happy.

Robb Wolf:

Yes.

Dr. Parsley:

Yeah. I don't know what the solution is but I would say it's probably a solid 50% of my stress in my life is getting these damn things to work together.

Robb Wolf: Yes. You should have stuck with the Commodore 64.

Dr. Parsley: We should have man. That was my first computer. That yours too?

Robb Wolf: That was my first computer yeah.

Dr. Parsley: Yes. Where you spent like three days of programming to make a dot go across the screen?

Robb Wolf: Exactly. Yeah.

Dr. Parsley: Yeah it's like awesome. [Laughs]

Robb Wolf: And it made sense to me and so I went into other goofy endeavors and --

Dr. Parsley: Yeah.

Robb Wolf: I could have made a lot of money had I stuck with that but oh well. What's a girl to do.

Dr. Parsley: Yeah, yeah we probably would have never outperformed Gates or Jobs or any of those dudes anyway so.

Robb Wolf: These guys were skinny, pencil neck geeks which you know that doesn't apply to you but it definitely applies to me. So anyway, on the other stuff, Doc what's new with you, what's new and exciting?

Dr. Parsley: Oh well, you know, the newest thing for me is actually not all that new but that it's actually looking somewhat like a completed project at this point is the sleep formulation man. You know, you've been involved with that discussion with me for years and as probably a lot of your audience knows, we've been through quite a bit of thrashing and various attempts to get those product out through several ways, several different business deals and connections and collaborative. Finally we just said hey we got to -

Robb Wolf: With like most things with you and I when we try to do something than somebody who actually knows what they're doing intervenes and that's when --

Dr. Parsley: Yeah.

Robb Wolf: [Laughs]

Dr. Parsley: That didn't happen this time man. That was their problem. We were running around helpless going somebody is going to save us eventually and nobody ever did so. So yeah, we you know, formed up our little company and now I've spent the last year becoming dumber as a doctor but I know a lot more about building websites and sales and business and have you know, be GNP compliant, not GNP compliant, compliant in supplement production and boxes and packets and art design and all sorts of stuff that I knew nothing about now I know very little about. But I can at least feign some intelligence in a conversation with it.

Yeah I mean I finally got that thing ready. A lot of your folks probably were at Paleo FX and hopefully and tried it. We paid some amazing results. I actually exceeded my expectations on the feedback we've gotten on it.

[0:05:01]

And now you know, we're going to launch this puppy out through your audience first and then I'm going to keep all the rest in reserves for the sales. They're really the reason I did it in the first place if we want to get into that whole story so.

Robb Wolf: Doc, so I know we've talked about this a little bit before we met at Naval Special Warfare Resiliency program. The Naval Special Warfare put on these gigs both pre and post deployment before the teams and the special boat teams either deploy or when they're coming back from deployment. It's kind of a way for these guys to connect with their families, connect with their team members. Also they've been really working to provide the support and infrastructure so that the family unit does better under the extreme stress and circumstances that these guys face being in you know, a really incredibly stressful deployment rotation.

I think the very first time that we met was down in Los Angeles immediately before I was to leave and do the ill-fated I Caveman Show and we got --

Dr. Parsley: Ah.

Robb Wolf: --to talking and I was kind of surprised. We had some pretty significant overlap. We really got to chat a lot when we went to a gig in Hawaii and got to do some snorkeling and drink a lot of Norcal Margaritas and hung out and really compared a lot of notes on that. But tell folks you know give them a reminder about how you plug. You were a Seal, left the teams, went to medical school and then plugged back into the teams.

You really had a very different expectation of what your day to day work was going to be versus what the reality was.

Dr. Parsley: Yeah. Yeah. I've nearly forgotten about our Hawaiian bromance.

Robb Wolf: Yeah, yeah.

Dr. Parsley: I'm pretty sure that we should have just recorded that because I think we had plans for complete world domination by the end of those few days. Yeah but anyways, you know, as you said and I think most of your guys know that I was a Seal, came back to the Seal as a doctor. Got there at a very opportune time to be a big part of building not only the sports medicine facility which was the first sports medicine facility of any substance that we've actually had and we brought in Josh Everett as a trainer to actually do some programming around when guys exercise and what they focus on and brought in some exercise physiologist and nutritionist and all that's nice. It's just like man, this is just right up my alley, it's stuff I've been passionate about my whole life. Most of my medical education was focused around orthopedics and sports medicine. I've always kind of been Geeking out in nutrition since I don't know probably ten years old. I reading the book Eat to Win. I don't know if you remember that but it's --

Robb Wolf: I do.

Dr. Parsley: Yeah it's a vegetarian book.

Robb Wolf: Sure.

Dr. Parsley: And then I got smarter. You know, I remember thinking I was being really healthy because when I went to Waterburger I got the whole wheat bun on the fried chicken sandwich.

Robb Wolf: [Laughs]

Dr. Parsley: Yeah I was --

Robb Wolf: That was like matter and anti-matter. Whole wheat cancels out any other negative attributes of a meal.

Dr. Parsley: Yeah, yeah. So yeah and eating salad with just tons of vegetable oil based salad dressing and you know, chopped up American cheese and sandwich meat and yeah, yeah anyways, I digressed. So I anyways I got to the Seal teams. Like I said it was a great time and the other component

that was really ramping up although that had been there to some extent already but it really started ramping up and it was eventually you're talking about which the Seals originally were calling the resiliency program. I think it's had a few different iterations to that name.

Interestingly enough when I consult with professional sports teams now they're doing the same thing. They're calling it similar names but you know just go figure that if you help people balance all the other aspects of their lives, their performance and what you want them to do actually gets better especially when you have got like baseball players that are doing 165 games in a year. Seals were deploying for six months and even the corporate guys that travel a lot. It's like well if you can balance every other aspect of your family, your family life's better, your health's better, your stress is better.

[0:10:01]

So that's really what these resiliency programs were about. As you know being a part of that they focused a lot on education. And I got pulled in to the education part, not at all for sports medicine or nutrition or fitness or anything to do with that but to talk about sleep. It's because once I got that and built that facility, you know, all of the sports medicine stuff was handled by experts who are more qualified than I was. And what people came and talked to me about was you know, really what sounded like metabolic syndrome. And I didn't have the slightest idea of how to fix it because these guys were listening to your podcast. They were 90% of them were 78.6% paleo and all the typical stuff that your guys say.

And they were definitely exercising. Most of it was trying to pull back on their exercise once you got to coaching and give them some idea on how to program do some periodization which was being handled by our exercise physiologist and athletic trainers and so forth. But you know, there was really no reason for these guys to have poor insulin sensitivity and poor lipid profiles and hypertensive and decreasing mental energy, mental focus and all these other stuff.

They just really looked and sounded metabolically you know, when I looked at serum labs they just looked like 65-year-old diabetic man or peridiabetic men. I just said man I don't know what the hell is going on here. It was just sort of an incidental comment by one guy about using Ambien every night and I had started digging into that. About 75% of the command was using Ambien nightly. And typically seal mentality of one is good, two's better, three is probably great, four is probably fantastic. So they were taking way more than the recommended dosages usually having a few cocktails as well.

And so I postulated that that might be a problem.

Robb Wolf: [Laughs]

Dr. Parsley: So I started digging into this --

Robb Wolf: But you had no randomized control trials to prove this right so?

Dr. Parsley: I didn't no. SO -

Robb Wolf: So it really wasn't science.

Dr. Parsley: Yeah this is all pseudo-science. This is all complete pseudo-science. So I started digging a little on the literature and I had actually heard maybe one or two of your podcasts before I come back to Seal teams but it just wasn't a really big podcast dude. But you know, most of the guys that I talked to were really big fans of yours and when I started talking to them about sleep, they already knew quite a bit from listening to the bits you had about about sleep and the parts in your book about sleep.

And I was in a great position because I was you know, the Seal team doctor and that carried some cache when I would call academic professors who do sleep research and so forth. And man I said hey could I come train with you or could I come meet you, or could we chat or could you consult with me. They were -- to the last one they were all very gracious and accepting of it and very generous.

So that's really the genesis of it all and the first thing I figured out was the vitamin D3 deficiency which after I thought I was a genius for figuring that out I had learned that you had probably already been talking about that for two years at that point.

But you know, I started -- I did their serum labs and their vitamin D3 was you know, 20, 17 something like that. I was like alright, well let's do that and I gave them vitamin D3 and that helped but it didn't solve it. Then you know, the problem with getting anyone off of any kind of dependency generating drug like Ambien is that you have to give them an alternative or they're just going to sleep or at least they're going to feel like they can't sleep. So yeah I started with vitamin D3 and then found out that magnesium was a cofactor for most D3 reactions. So let's give them some natural calm and again something you had already been talking about.

Then I just slowly started tracing the pathway back from the entire production of melatonin , what normally shifts in the brain. You know, which we don't know with a whole lot of granularity. I mean we have a pretty good idea but honestly it's not like we can do – you know, we can sit there and take cerebrospinal fluid from people's brains during sleep.

[0:15:23]

So most of it is based off of mouse models and some of it is based off of unfortunate accidents that have disabled regions of the brain and some of the things that have been collected through urine metabolites and so forth. There's all sorts of secondary knowledge. But basically just said well let's recreate the conditions that we have evolve to sleep and see how things work which again is something you are familiar with and been preaching for a long time is the sleep hygiene around light saturation and ritualization of bedtime and all of that other stuff. So I just really started geeking out on that, headed down that path and ten years later I'm still doing the same stuff. Still learning every day about it.

After probably the lecture you saw me do, I would imagine there's probably only three or four ingredients in it the very first time we met and then by the time I left it was up to about seven different ingredients that I just worked with the Seal sort of piecemeal one by one like hey let's try this and a hundred guys would try it. Play with the dosages until it was sort of the minimum effective dosage. And then do serum labs and make sure it was all falling in place. By the way none of this was my job. I still had to be a regular doctor than the day so this is all done like after hours on the weekends and stuff like that.

Then they sort of tribally started calling it the Parsley cocktail because it was pills of this and capsules of that and powders of this and you know, liquid drops of this. The problem was they can't like shove a pouch of Natural Calm in their pockets and put some vitamin D drops in there and put some tryptophan, like all this stuff. So I kept saying well I'll make it into a product. I'll make it into a product. I'll make it into a product and you know, eight shorts years, six short years later.

Robb Wolf:

[Laughs]

Dr. Parsley:

We've actually got something on the market and we're going to make Ajino a specialized version of that that's just for sort of those military DOD, DOJ first responder groups. We're going to make it less pretty and -
-

Robb Wolf:

A little more robust yeah.

Dr. Parsley: A little more robust and get it those guys for cheaper so that we don't go bankrupt giving any weight on them. But those are the guys who we're really trying to target and try to get them the help they need with a minimal expense.

And –

Robb Wolf: Doc maybe it's worth mentioning, so you know this is something that when we've both given our talks to police, military and fire, we usually open up with what is hopefully some shock and all that type of stuff because the rest of our talks kind of suck and actually do put people to sleep. So we try to start off with some zingers. I know that one of mine is I try to draw a parallel between professional athletes and what we would call the warrior athlete. You know, there's some kind of rah-rah element to that and then there's kind of the gut check element. I asked folks you know, what's the average lifespan of males and females in the United States. Right now I think that males are about 75, 76 years, females are about 78, 79 years something like that. Then I ask them what's the average life span of law enforcement officers in the United States and there's just kind of a long... And then I throw it out there it's 62 years. It's more than a decade and a quarter in the average life span.

Dr. Parsley: Yeah.

Robb Wolf: It's definitely a gut check for these folks. You know, there's a lot of actors that go into it. Nutrition is clearly a big factor, sedentism, hypervigilant state. But the thing that I think you and I both agree on and you do a great job at the beginning of your talk where you make the argument that sleep is the most important element of life. You know you can live for maybe aside from oxygen but you can live for a decent bit. You know we would maybe say air and water, really, really important and then when we start talking about food and exercise and sleep, you make a really compelling argument that the sleep is the next most important thing.

[0:20:08]

I actually just in my newsfeed from a science alert there's this thing that popped up where people who get more phot exposure during the day like basically officer workers where their desks are located next to windows, they sleep better, have fewer health problems and tended on sleep on average about 46 minutes longer. Why is this such a huge issue? Why is sleep such a problem in the police, military and fire scene? And then maybe we'll get into what inadequate sleep disorder, disordered sleep or overuse of sleep aids that kind of damage sleep architecture. Maybe we can talk about that stuff. But why is sleep so important?

Dr. Parsley:

Yeah well I think some of it is pretty self-evident when you talk about say police officers that do shift work. As you and I know plenty of guys come to you after the lecture and they've been doing working from midnight to eight am for 20 years. Sorry we can't fix that. Like they want me to fix it, I'm like I can't fix that. We can mitigate it, we can mitigate the damage you're getting from that but it's no different than saying I eat McDonald's for every meal of my life and I'm going to keep doing that because my job requires of it so what can I do to mitigate against it. It's about on par with that.

So what I always encourage organizations to do is to try to shift the shiftwork around. There's a smart way of doing that and I've had some success with ERs primarily have been the ones to buy in as far as like nursing and physician shift. So that nobody stays on shift work for the rest of their life. Maybe you do- so basically if you shift so their circadian rhythm like a cop who works that midnight shift or an ER physician shift, you shifted the circadian rhythm by 12 hours. When you shift something, the circadian rhythm by 12 hours, in order to pull that back in, that's a minimum of well it's a minimum of six days, it's realistically probably 12 days. Which means that they need to be on their next shift for at least 12 days and then probably another couple of weeks to sort of get some health back and then you can start shifting them again.

So you know, they should be like kind of monthly rotations. That's easier and something that's highly scheduled like that. As you can imagine, you know cops obviously have the problems of having to go to court. Some of them are on SWAT teams. You know, the fire fighters have pretty chaotic sleep. They never know when they're going to be able to sleep well. And as you can imagine with the Seals, I think most people intuitively know that Seals work at night. It's kind of hard to be sneaky in the middle of the desert with no foliage in the middle of the day.

So the working at night and sleeping during the day was really like my first clue in the vitamin D3 deficiency. Even when they do go out in the day they're covered from head to toe in kit, body armor and camouflage and helmets and nods and air goggles and all that stuff. So that's a much more difficult group because it's obviously when they're deployed they're not going on a mission every night. But you have to train the way you fight. So you know, when they're stateside and they're training, they're trying to replicate that combat environment as much as possible.

Then of course it's just the super adrenalized job, a lot like being a firefighter is they're a lot like being a law enforcement officer can be. You

know, you're kind of hyper alert. You're running around and these things just disturb sleep. You know, trying to do your best to recalibrate people to where they're living in harmony with the way they evolved which is using the sun as their cue for adjusting their circadian rhythm to the extent we can do that, I mean that's really what all of this is about. Of course because of limitations we just talked about, most of that has to be mitigation for certain groups and it's not like we're just going to say okay, no more criminal commit crime at night. We're going to take away the night shift on cops and none of the bad guys are going to shoot us at night, we're not going to shoot them at night so on more combat at night. You know, we can't do that.

[0:25:16]

So it's about mitigation with those groups and with the lay audience, corporate executives and just the mock 1 motto American sort of average lifestyle it's more about prioritization and education and we can use to get people in sync pretty quickly that way. I don't actually remember your question now so I hopefully I answered it.

Robb Wolf:

[Laughs] You did. You absolutely did. And I just think –you know, it's – I think sometimes it's helpful when people can look at a group that is really kind of representative of a very extreme set of circumstances. I mean this is kind of what they do with the toxicology research. They'll put some unfortunate critters on high doses of like aflatoxin or something like that and we see what the mutagenicity and cancer rates and all that type of stuff looks like. I think it is somewhat of a similar process. Like our westernized cultures at large don't really eat enough, don't really exercise enough, sleep is disordered and altered because of the exposure we have to electrical lights and iPads and iPhones and all that type of stuff.

What we see -

Dr. Parsley:

And the social construct of it.

Robb Wolf:

Uh-hum.

Dr. Parsley:

Those people thinking that it's a luxury right like you only need a little bit of --

Robb Wolf:

Right.

Dr. Parsley:

-- to actually survive and therefore anything else is being lazy or decadent to actually sleep eight hours or something. We don't run into that nearly as much and the stress mitigation and exercise and nutritional

components of it. People wouldn't argue that I'm going to be a lot more productive by not eating right?

Robb Wolf:

Right.

Dr. Parsley:

Because they know that would fail because once I didn't eat for long enough I wouldn't be able to do anything. The same is true for sleep and the self-awareness as we talked about before just isn't there. They just they don't realize that their performance sucks because they're effectively drunk. I mean their brain is performing like a drunk person's.

Robb Wolf:

Doc, you've mentioned that in your talks I think we've talked about a bit in the podcast. But it's interesting when they test folks they're like-you know, they'll hook them up on a computer where it's basically indicating whether or not you know reaction times for folks. As people become progressively more sleep deprived, the first couple of days they feel like hell, they know they feel like hell, they're not surprised that their performance is declining but then after a couple of days, we actually get an –you know, they become acclimatized to that decreased performance. And then they think that they're actually functioning okay. But they're actually on par with like you said someone that's maybe had a couple of drinks in their system.

Dr. Parsley:

Right. Yeah and it's been born out again and again and the big component to add to that is that the – when you talk about people performing worse with x number of hours of sleep, we're talking about people who have already been sleep acclimatized right. So like we've gone through and made sure either that they were routinely good sleepers or that we've had them pay back their sleep debt like in those studies we talked about the barrack studies and bunker studies and it's various stories of that one where you put somebody in a completely dark room for 14 hours a day and let them sleep as much as they want to until everybody settles out around that eight hour mark. Then you know now we know okay you've – this is how much sleep you need. You've paid back your sleep debt and this is a true base point.

The argument that I get especially with CEO types and entrepreneur types is I always six hours and I feel great so if I had them do some sort of neurocognitive testing, the next day on six hours of sleep or even four hours of sleep if I sleep restrict them, further than they already are, they're already coming into it broken. So they don't even know what their true potential is anymore. So the degradation of their actual skills and it goes well beyond just reaction time, it's not as salient to them because they've been living with it for so long.

[0:30:08]

You know, I make the joke about the people that walk into the room and go what the hell did they come in here for? And then they leave the room and then they go oh okay oh yeah and they would come back in the room oh yeah I was going to get this and by the time they get back in the room they've forgotten. Or the people who go to get in their car and realize they forgot their car keys and get back in the car realize they forgot their wallet and then get back in the car and realize they forgot something else. Then it takes them six iterations to get out of the house and they say oh well, you know, I'm just getting old, memory has gone away. That's kind of American colloquialism on the value, I'm just getting old. Like you're 40, you know, that's not old. That's not even close to being old. Neurocognitively you're kind at your peak right now. You should be kicking ass.

I think it's by and large sleep deprivation. It just is. I mean there's –k if we don't need eight hours of sleep every night. It is the biggest evolutionary mistake in the history right? I mean it's like we have to have that or we would not still be sitting here a millennia later. And It's just us right? Like every living organism on this planet entrains itself to the sun and the humans are the one that are the only animal that's really taken ourselves out of that. The only time any other animal sleep deprive themselves is when they're starting.

And that lead to a lot of the you know, appetite regulation, neurotransmitter changes that Dan Party talks about and that we're familiar with. And that leads to you know, more risky behavior, prolonged wakefulness and all of that type of stuff, more impulsivity. But humans are the only ones that are like by choice, I'm just going to sleep deprive myself because I have too much stuff to do. But like we said they wouldn't do it with nutrition. They would do it with exercise unless they were really passionate about exercise. And that's a hard thing too is to take somebody who's say like a triathlete who trains ungodly numbers of hours per week and to tell them sleep and extra hour and skip that 5 a.m. pool workout and yeah. It's a mess.

But the data has been around for yeah a long time well over 50 years. As far as I know there's no controversial data. I've never seen anything that says oh no, it's not true at all you can perform great on minimal sleep. Never seen that kind of thing so.

Robb Wolf:

Doc, you know, one thing that was very validating or me just like we said at the beginning of this peddling pseudoscience as if it were – when we first got together we kind of compared notes and Ken Grossman who

comes at this stuff from a completely different perspective. Our talks covered very different things but we kind of when we started laying out some prescriptive processes they were all very, very similar. Anti-inflammatory diet, stress mitigation, appropriate doses of exercise, really, really important emphasis on sleep. You know you talk a ton about anti-inflammatory diet. I'm tying this into another news article that just came into another news article that just came in this morning that I was reading and it talks about LDL cholesterol issues potentially being related to inadequate serotonin in the gut.

Dr. Parsley: Yeah, yeah.

Robb Wolf: So you know, there's a lot of talk now more so about the gut/brain axis and the what affects the gut ends up influencing the brain. David Perlmutter, a world renowned neurologist talks about this stuff a lot. But how could a – you know, what would usually relate to being a brain neurotransmitter serotonin, why is that important in the gut? You know how would that potentially play into the inflammatory cascade in the gut that starts creating some problems with our cholesterol levels?

Dr. Parsley: Yeah. Well I mean it's interesting. There's – I'm sure everybody is aware of how much controversy there is around the whole cholesterol hypothesis per disease and so forth. But I think one thing that the research is bearing out really well and I don't pretend to be an expert on this field is that immunology is highly, highly tied to lipidology. To the point where there are plenty of who postulate that our blood, our serum levels and cholesterol are actually part of the immune system.

[0:35:02]

When you start talking about the gut neuron or the gut brain as people call them and I want to say it's about 100,000 neurons or something along those lines in the gut which is it represents roughly about 10% of what your brain has. You've heard me talk about this a million times is that we the reason we have integrative medicine now is because we disintegrated the body to be able to study it.

In my mind there is no neurological system and there is no immunological system and there is no endocrine system and musculoskeletal system. It's all the same thing. Man it's like we are one organism. Even odder still of course is what we know about now we have ten times more bacteria for it than we do cells in our body. So you know, that brings in a whole another philosophical level of what we actually are.

But if you think about the gut neurons as just sort of being or let's just say that that's an extension of the brain right. And basically all – you could

make the argument for the entire nervous system. We know that when you're sympathetic, you know, when you're in sympathetics we have certain neurological pathways that are designed to accelerate our ability or enhance our ability to fight, flee or freeze or fornicate to get rid of, to spread our seed as much as we can before our ultimate death, our impending death. So that the fight or flight system is sympathetic.

You know, of course that makes our muscles stronger. It increases our pain threshold, it dilates our pupils, increases our respiratory rate, our cardiovascular rate, puts more blood to our skin, gives us a little bit of sweat so we can grip things better. You know this whole host of sort of super physiologic stuff going on to make us the best fighters or fleers we could possibly be.

But that comes at the cost of a robbing all the energy away from the gut and we're robbing energy away from producing any types of enzymes or hormones or digesting anything. We're really robbing most of the blood flow of our brain and putting it in midbrain areas to make us super impulsive and to just do what ancestrally we evolved to do so we don't try to plan our way to fight or flee. We just fight or flee. Which is why fistfights look like you know, the shit fights that they are.

Robb Wolf:

Just like seizures, yeah.

Dr. Parsley:

Yeah, yeah. two guys having seizures on each other. Unless of course they have trained that out of themselves. And so like I would just for simplicity's sake, I mean I would just consider the gut neurons to be an extension of the brain. If you're running around sympathetic, you're running into problems there. Right? You're running into problems with digestion. We know anytime that we're running into problems with digestion if you're just having large boluses of food, not digesting and sitting in your gut is leading to inflammatory cascades.

But when you – as I talk about my lectures and as you know part of the development of the sleep product is to enhance melatonin production and what melatonin does is it settles down essentially areas of the brain that decrease sympathetic tone and decrease awake promoting neurons and decrease adrenal function. So if you have your – you know, if you had your gut neurons ramping up all the time and eventually they're trying to settle themselves out for rest and digest period, the melatonin production pathway is important for your body at night as well. When you have too much adrenal tone and you can't shut down your adrenals and your sympathetic tone, you try and produce more melatonin. If you don't have all of the nutrients available you just get that by stealing it

from serotonin because serotonin could become melatonin and now you're on a serotonin deficiencies.

Serotonin deficiencies obviously are associated with depression but there's a host of you know, there's a host of other functions for serotonin that you know, any type of neurotransmitter has way more than one function and it depends on what area, you know, what area of the nervous system it's acting on, what its action is.

Robb Wolf:

So Doc, you know, maybe again looping back to the sleep cocktail a little bit in that regard, you mentioned that in the beginning of the kind of formulation process you had like three things in there. Like magnesium vitamin D and maybe tryptophan if I recall correctly and that's really expanded. When you do your talk, it's – you have one of your shock and awe slides where it shows this reasonably up to date but also very scaled down representation of the neurotransmitters and where they affect the brain and the positive and negative feedback loops and whatnot.

[0:40:18]

You really make the point that things like Ambien, things like alcohol they affect sleep in kind of a short term fashion like then they help you fall asleep or become unconscious but it ends up disrupting sleep further down the road. Because it's a stepwise process of falling to sleep. You know you make a really great point that wakefulness is really just this really we should be asleep all the time. Wakefulness is just this kind of weird situation in which we alter our hormonal state or our neurotransmitter state such that we kind of pop up out of the hole of sleep and then it's trying to drag us down back in.

But talk a little bit about what you know, mostly sleep aides, Ambien, Lunesta, alcohol what are these things doing as far as okay it's kind of plugging into this part of the sleep pathway but then it's bugging other elements in the pathway.

Dr. Parsley:

Yeah. Yeah so that slide that you're talking about, as I recall it's just the midbrain. It's just the midbrain and maybe the top of the brainstem or dealing with some weight promoting regions of the brain. So you know, like locus, the locus coeruleus, I can't talk today produces epinephrine which is weight promoting right? You have all these areas of your brain that are producing weight promoting neurons and you know, sleep is again, sleep is sort of treated like this bastard redheaded stepchild of wellness and it's just like well you know it's there and we'll get it some attention but it's not really where our focus is. It's kind of a luxury thing.

I make the argument that sleep is just as much as a part of like is every other physiological function that we need. Sleep is not simply like this little mechanized box to where we go into and we do things. It's just another part of being human. It's another part of the human consciousness. So it's a different part of our brain function and body function that's just as real as being awake. It's just we don't have a subjective experience of it. That's the trick that most of the pharmaceuticals and even the over the counter sleep aids, that's really the aspect that they're attacking.

So by and large a lot of these drugs have never even tested as sleep aids. So we don't have really any data on them as far as do they actually improve sleep and do they do bad things to sleep architecture. Are they actually making people asleep longer or are they just making them unconscious. And by unconscious I don't even mean that you appear to be asleep. It's just that your consciousness is not aware of your environment which is the stories you've heard of people on Ambien getting in their car and driving to the bunny ranch and having sex and coming back and going hey you know, I've been asleep all this time.

And there truly is a separation of the awareness part of their brain which is by and large the prefrontal cortex but it goes back into other regions. But it's all neocortex and we're just separating it by making that part of our brain really dumb and slow. So things like Ambien, you know, Ambien and Lunesta and what's the other one Somanex or yeah.

Robb Wolf: Like the things with the -

Dr. Parsley: The singing drugs.

Robb Wolf: -- what that mean and --

Dr. Parsley: Yeah, yeah. So the Ambien, Lunesta and Sonata are the – those are the Z drugs which act like gaba. So you know it's like it's a synthetic version of gaba and one of the things that gaba does is kind of slow down the neocortex. Well this stuff binds to gaba receptors better than gaba and more gaba receptors than gaba even binds to and binds harder. It basically turns your neocortex off to where now it's dissociated from your midbrain. So your midbrain can still be fully awake. It can still be producing rexin and histamine, epinephrine, all of the hormones that are actually keeping you awake. Your neocortex just isn't responding to them anymore because the gaba has slowed down the functioning so much.

[0:45:23]

You know, there are really some damning data about that. There is a literature that's varied somewhat about how much it disrupts sleep architecture but I can tell you from a clinical experience I can't count the number of people that I had do sleep studies in Ambien and come back with 98% stage 2 sleep which essentially means they didn't get any sleep. They slept 2% of the time they were in bed because stage 1 is like really just a transitional phase and we don't think a whole lot goes on with that. Then you know, in 2012 the British medical journal came out with this article about people who take sleep drugs on a regular basis and they controlled for cancer and obesity and gender and smoking and all this other stuff and they were still like three times more likely to die than people who didn't use sleep aids.

You could make the – I was establishing that call so you can make the argument that their death rate was because of their sleep problems and not because of the drugs themselves. I think that's a realistic assumption because again these things aren't really letting you sleep. They aren't letting you do the normal things that you do, restore, regenerate, replenish, get bigger, better, faster, stronger, consolidate memories. You know, work intuitively with old information to come on it with new information and develop muscle memory and decrease inflammation and all the great stuff that goes under in sleep. It isn't necessarily happening when you're on sleep aids. Now they have drugs that are acting like melatonin and my god why not just give melatonin at that point? Why do you have to have a drug that works like melatonin?

Why not give gaba instead of a drug that acts like gaba? You know, and then things like we know benzodiazepines like Valium and Xanax and those things those are essentially where Ambien and Lunesta came from right? Because those are Ambien and Lunesta are more selective gaba binders where benzodiazepines just bind to gaba receptors. They bind as you said earlier not just in your brain but in your gut neurons and in other neurons across your body and they just kind of slow down everything and make you dumber and slower. Those have definitely problems with addiction, those have had problems with depression. Those definitely destroy sleep architecture. I don't think there's really any of these studies that show that you get a significant amount of ramadol which is primarily what your brain function is enhancing and you're working with emotional issues and memory and things you've learned and all the type of stuff.

You know, and then like Benadryl and diphenhydramine or any of those other antihistamines those have never been evaluated for sleep. You know, I mean there's some little low tinkering research done on here but they're not FDA approved for sleep. They just found them you know,

they're obviously developed for allergies and so forth. So people notice that it made them sleepy and so they said alright, let's start checking it for sleep. So we don't have any idea what the long term sort of benefit of that is. But or downside of that is. But the other thing to keep in mind is that you know these are anticholinergics. You know, that's no joke. I mean anticholinergic drugs we know can have some really devastating side effects on you and we know that one of the big things with things like antihistamines is that they can literally just change who you as a person. They can change your personality and just make you like a totally different sort of odd ball the next day or the next few days and if you do it regularly you can really kind of shift who you are.

And you know, the one that just really gets under my skin is there's now this – which just seems completely to me like self-evidently ludicrous is they're starting to give people antipsychotics to help them sleep. And I see this all the time. You know, my clients will come in and say yeah my doc put me on Seroquel or put me on trazodone to help me sleep. I'm like great. You know what I mean? Just like Michael Jackson all over again. Right.

Robb Wolf: Right. Right.

Dr. Parsley: Let's just keep getting in more and more sedating drugs until you're drooling dead vegetables. You know, like I have no idea what the rational is there. Especially when you look at the efficacy of the product we've developed right? I mean like the things that the people were coming in up to the booth and telling us and I mean we've known this worked for a long time because the sales have been using it and your audiences have been using, has been using components of it for a really long time.

[0:50:31]

So we know it helps us sleep but I mean the number of people I have had just since Paleo FX tell me like hey this is so fantastic. Like I've been taking Ambien or Valium for the last 20 years and now I don't take it at all and I sleep better than I've ever slept and I was like wow that's great. Like I didn't expect it to be that great. I mean honestly most of the Seals don't have huge sleep problems if they can prioritize their sleep and they have control over it.

The sleep formulation is always just been really to help them shift their circadian rhythm when they can't control their sleep. So when there's something that just natural substrates that are in your body already that are normally there in robust amounts while you're transitioning to sleep and just putting all that in there and saying you know, hopefully you go to sleep, and of course you still have to do all the other stuff you set up to

have good sleep hygiene and thought patterns around sleep and that stuff.

But just tremendous results. I don't know if you were there the day that one girl came up and shared me her iPhone with a snoring app.

Robb Wolf: Yeah, yeah, yup.

Dr. Parsley: Yeah That was insane. I'm like alright, well if this stuff gets rid of snoring, then we've got a runaway product here.

Robb Wolf: Right, right, yeah marriage counseling if nothing else-

Dr. Parsley: Yeah exactly. Exactly, if we get – I think every married woman in America would buy a box today if we said it stops snoring.

Robb Wolf: Right.

Dr. Parsley: Of course that's a one on one so we're not making that claim right now but definitely something we will evaluate.

Robb Wolf: So Doc, you know, let's talk about some of the folks and the situations that might benefit from using the sleep cocktail and again you alluded to this. Like we still need to and we've talked about this stuff a ton in previous podcasts need to be weary of inappropriate caffeine and stimulant intake. Need to be wary about late in the day whatever your day may look like, alcohol intake you know the things that are going to disturb sleep we need to practice good sleep hygiene, dark room, you know, not a lot of electronics interaction, bedroom for sleeping and sex only although you still can have sex on the kitchen table if you want to do that. But you don't sleep on the kitchen table. You know but who are the groups that you feel like would really benefit from this? I mean the shift worker, police military, fire, medical professionals seem like a slam dunk, people who travel a lot and are dealing with jet lag that seems like an obvious group of folks that would benefit from this new parents who would – what sleep they may or may not be getting. You would like it to be as good a quality as they can possibly get like who else and within those categories how do they tackle those most effectively?

Dr. Parsley: Yeah well like you said I mean all of the guys that we designed it for obviously that's a slam dunk guys and gals that we designed it for. I mean that was the intended audience and that's just people who don't have great control over their sleep. As you know – I wouldn't put them really into different categories and the business traveler that frequently has to

take red eyes or the new parent. Again you're just in a situation where you don't have control over your sleep or you don't have adequate control over when you can sleep and how long you can sleep. That's really all the same group to me. The –you know, it can be used really effectively for jet lag and we have already got really great feedback from one of the guys at Paleo FX who we talked about earlier. I actually gave him a year subscription because he spent just so long making that ridiculously. I don't mean that in a negative sense. Just a completely robust you know, experience your own narrative about everything how much this improves his jetlag.

So you know, the jetlag lets pull your circadian rhythm back towards your phase advance you as quickly as possible. No brainer. For the parents as you know I always advocate that parents have some sort of rotating cycle and that's basically to be determined by whomever by the individual resiliency. If you can go three days on and three days off great. If it has to be every other night great. But one parent like really even if it's a closet needs to like sound proof a closet and put a cot in there and like you're truly offline and tonight is your night to sleep and it has to go on the other parent.

[0:55:31]

You know, all these people are going to benefit because it's going to help them go to sleep at a time where maybe they're not ready to go to sleep. And we can do a little bit of phase advancing out. It's not magic. You can't have a normal sleep-wake cycle and then take it at noon and expect that you're going to sleep for eight hours. You know, that's not going to happen.

But the people who push the envelope work late at night just have to trial or have to be in a lot of light I mean really the idea behind is that okay you haven't done everything perfectly right? Like we can sit down and preach ideal diet and ideal exercise and ideal sleep hygiene and ideal stress mitigation forever. But you know, there's terrible, there's ideal and somewhere in between there's reality. And not everybody can control every aspect of their life nor do they have the energy or motivation or finances or whatever to control every aspect.

So you know, the product really benefits anybody who isn't living that ideal lifestyle who says you know I just need to some way to kind of shut myself down a little bit earlier and get to sleep a little bit earlier and maybe you get a deeper quality. A lot of the people who have had great results with it are people who just don't sleep enough. Period. It's like you can tell them what they need to do forever and they get cognitively but they're like really six hours a night is all I can sleep that's it. that's all I

have. There's no getting around that. And we say okay well let's make it the highest quality six hours you can possibly get.

Again all we're doing is that making sure that all of the ladders there are the construction site you're constructing crew still has to build the house right? It's like if your internal machinery is not working this isn't going to help you. But I haven't run into that yet. So I think most people aren't so broken as to where they don't benefit from it in that respect.

I got to say the one thing that has really surprised me a few of my friends and family who don't have any sleep problems whatsoever, they're like I sleep great. I crash. Like I fall asleep within five minutes. I sleep eight hours every night. I feel great when I wake up and I'm like cool. Like you don't need anything.

But they just want to try it anyways because it's they're my friend and they're my family and they're like yeah let's me try it. And I've had some tremendous feedback from these people just going oh my god it feels so much better when I get up in the morning now like the sleep just seems so much better and it just kind of begs the question like we talked about earlier. That you know you don't have a true experiential you know, you don't have a true subjective experience of sleeping and you don't have a great awareness of what ideal is for you if you're not getting sort of optimal sleep on a regular basis.

You know maybe these people who think they're sleeping great aren't really sleeping great. Like maybe they're having pretty fitful sleep but they're just not remembering it and this is improving their quality so.

Robb Wolf: And that's been the norm for ages and so it just becomes the baseline.

Dr. Parsley: Yeah, yeah. And they just been doing it for 20 years and they're like well this is how I feel when I wake up in the morning and I feel pretty good and I have a cup of coffee and I'm into it. You know, and some of them have like they've just come back and said I need more of this right now and unfortunately a lot of them are in other countries and I can't get it to them. But they're like man this stuff is so great I need it. I feel better than I've ever felt in love.

So I mean I don't that there is any measure. There's a not a metric that you can use to quantify yourself as a person that sleep does not improve. That's essentially when you are getting better at everything. And that's athletics, that's strength, that's power, that's pain, that's memory, it's cognition, it's everything. You're getting better while you're sleeping. If

you can improve sleep it stands to reason that it probably is going to improve anything that you're shooting for.

[1:00:06]

I hate to sound like a smarmy used car salesman with that but it's just been my experience. The more I learn about sleep the more I realize that it permeates everything. You know, it would be no different than saying how you experience your wakefulness doesn't impact your overall health.

Of course it does. Like what are you doing during your wakeful hours? That impacts your overall performance in everything right? so why wouldn't sleep be the same way?

Robb Wolf: no, I completely agree. This has been on my radar in a pretty deep way since 2000-2001. One of the very influential books that I read was by Mike Heeds, Mike and Meridian Heeds Protein Power Life Plan which still to this day 15, 16 years later still in my opinion one of the best books available on this kind of ancestral health model, a very prescient, still very timely and on their website background, 2000-2001 they posted a link to a book called Lights Out, Sleep Sugar and Survival.

Dr. Parsley: Yeah.

Robb Wolf: Which just.

Dr. Parsley: I love that book.

Robb Wolf: Really connected a lot of dots. So unfortunately one of the authors of that book has kind of gone a little bit off the deep end in some ways but it doesn't erode the wisdom that's in that book. So this has been on my radar for a long, long time. It's you know, one of the constant features that we try to drive home in the gym. It's becoming a central feature of what we do with the risk assessment program here in Reno. Particularly because this thing was really born in the police, military and fire scene. And when you start going after lipidology and systemic inflammation and insulin resistance oftentimes food and exercise are those things that you have greater control over than say your shift work schedule but to the degree that we can patch holes in the sleep process for these folks, it's just incredibly beneficial. We see it immediately in the bloodwork. You know, we're getting more sophisticated in tracking some things like heartmath and heart rate variability and whatnot. But even those seem to be more correlates versus you know, do you look, feel, and perform better. Are you leaner? You know, does the blood work move in a favorable direction when your sleep is improved and it's yes, yes, yes.

Dr. Parsley:

Yeah. Yeah absolutely. And you know, I always tell everybody I'm not poopooing the other pillars of health. I mean all these things, all the things are probably equally as important. I harp so much about sleep just because I think it's the least valued in society in general and the least appreciated. Because we don't have that subjective experience of it, it's pretty hard to motivate people to do it. You know, when you exercise you feel the benefit of exercise long before you see your body change in the mirror. When you eat well, you feel that benefit long before the blood changes or your body composition starts shifting.

You know, the stress mitigation techniques are all the control things you can literally benefit 30 seconds after learning that. You can fill the big difference. Whereas sleep you got to kind of take my word for it. You know?

Robb Wolf:

Right.

Dr. Parsley:

It's like look just sleep and see if you don't feel better in the long run right? just like you're going to wake up feeling better the first day but it's not like it's going to turn the world into Narnia for like the other day, the first day you get good sleep you're going to feel better and you're going to feel better throughout the day. But you're still going to have all the same problems in your life that you've always had. You're still have stressors, you're still going to have to make time for the gym. You're still going to have make time for the gym. You're still going to have balance your diet in a way that may not be actually aligned with your cravings. But sleep helps with all of that. And you know, and when people are kind of focusing on every aspect like my clients are when I coach guys, you know, working with everything at once and I just tell them like you don't really know where the change is coming from. So but we need to approach all of with equal tenacity. So your stress mitigation is definitely being helped by your mindfulness and whatever kind of tools they're using where there's heartrate variability or neurofeedback, biofeedback, breathing, relaxation whatever. But guess what when you're sleeping well, you also have less anxiety and you also have less adrenal sort of flooding throughout the day. you have lower cortisol levels which means you have less sensitivity to adrenaline which means you're going to be less stressed anyways.

[1:05:05]

And you're controlling your diet by getting rid of your refined carbohydrates for long enough will get rid of your cravings for that but guess what. If you sleep well we increase your insulin sensitivity, we change leptin and ghrelin levels and we decrease the cravings that way as well.

And your athletic performance is the same way. It's like your muscles are getting faster and stronger and more coordinated while you're sleeping and your training those during those during the say. So like again this just has to be all considered one component like it's all part of being human. We can't get rid of one thing and just well that part is not important and let's focus on these.

Like for example with breathing we can't just say well I don't want to breathe anymore because it seems like a huge metabolic waste and I can be more efficient and do more with my body if I didn't breathe. Of course that doesn't work. It doesn't work with nutrition. It doesn't work with sleep, it doesn't work with activity, it doesn't work with stress. So you know, it's just part of being human and being optimal and I think the sleep needs to be harped on and we need to as I talk about in my Ted talk we need a cultural shift as to what we think about sleep and get rid of those axioms like sleep is for the weak and I'll sleep when I'm dead and all this other heroic things.

You know, we wouldn't say that about any of the other pillars of health and get buy-in on it.

Robb Wolf: Right, right. Now --

Dr. Parsley: Right. Like I'll eat healthy when I'm dead.

Robb Wolf: Yeah. I'll exercise and have good performance and body composition sometimes later.

Dr. Parsley: Yeah, yeah. It makes no sense.

Robb Wolf: Well and it's still always fascinating to me selling sleep should be as easy as selling sex but it's something --

Dr. Parsley: Yeah.

Robb Wolf: -it's less although I will say it's nice in that it's not quite as contentious as the nutrition wars. But it's fascinating how much pushback you're getting from it particularly from the hard charging type A folks. But Doc, you've put together a really phenomenal resource at sleepcocktails.com. Tell folks about all the material that's there and where they can track down the product.

Dr. Parsley: Yeah. So it's sleepcocktails with an S because apparently the LA times owns sleepcocktail.com.

Robb Wolf: [Laughs]

Dr. Parsley: I don't think I can afford to buy it from them. So sleepcocktails.com. you know, I've put a lot of the basic foundational stuff that we've talked about today. I've put a lot of information in there about how we came about designing it. You've been a big part of actually getting us on the shelf so there's obviously some stuff you know, direct or indirectly from you in there as well.

But we talk about sleep hygiene, we talk about really that's like focuses on the product, what it is, what it does, what it doesn't do. You know, and really it just really hammers home the point that we aren't looking for any pharmaceutical tricks or any pharmacological tricks. We're putting in the substrate that your body needs to do the normal things through the normal cascade of events happened where you fall asleep.

You have frequently asked questions in there. It's sort of my attempt at not only answering the questions about the product but the frequently asked questions about I can't sleep, I can't get to sleep, I can't stay asleep, when to take the product or if I even should even take the product and can I take this if I'm being treated by a psychiatrist or schizophrenia. Well no, you can't. You talk to them about that and then there's all those types of things on there. Then there are some links back to my side. I think we're plugging back into a fear of your sleep log as well. we're trying to do some backwards plugging in there as well.

And then there's our video that you and I shot. it's like I think it's an hour and 42 minutes on there right now or something when we just went ad naseum about sleep and the benefits of it. I don't think if I remember correctly, and you might remember that event differently but I don't think we talked a whole lot about the actual design of a product and I think we just answered a lot of sleep questions about what are the commonly held beliefs and misbeliefs and those types of things.

So --

Robb Wolf: And we stitched together all the other components, the nutrition, exercise you know like low level cardio versus high intensity training. you know, we really tried to stitch together the full lifestyle package to optimize sleep but again to your point and you've said this multiple times, it's really the whole story. So you know we'll talk a lot about sleep

but then we end up pulling in nutrition and appropriate exercise dosing, meditation and stress mitigation because it all does – it is synergistic both on a virtuous upward or downward spiral.

[1:10:23]

If you're stressed out, eating poorly, not sleeping then the wheels fall off the wagon much more quickly than if you've got more of those components kind of buttoned up.

Dr. Parsley: Right.

Robb Wolf: Yeah,

Dr. Parsley: Yeah.

Robb Wolf: Yeah.

Dr. Parsley: Yeah and you know, and also in the –you know, we should probably share with the audience that we're going to be putting I don't think we've committed to the exact number right but it's somewhere around three to four pretty robust blogs sort of tying in all of this stuff that will be hosted on your site and my site. And then we expect on the sleep cocktail sites you actually post a series of blogs about those types of things as well. And of course we'll update when we get feedback from people and new questions and all that type of stuff. But we'll also update the product if we need to, if we run into some sort of generalized complaint. I would expect that probably to be more around the sweetness or something than the efficacy of the product.

But you know, all of that type of stuff is on that site. You know that's going to be a place obviously in there for your audience to put in your discount code. Since you're our first affiliate and you'll be that affiliate until we deem we need another one I guess. And --

Robb Wolf: Yeah. Folks if you go to the sleepcocktails website, you're making a purchase, there's a spot there, any comments or special instructions. Put in Robb Wolf and you will get a 10% discount off of your purchase for folks that are listening to the – and that's where folks that are on Stitcher and iTunes and whatnot. We will have links in the show notes and those links that take you to these sleep cocktails website that will automatically get Robb Wolf listeners and followers a 10% discount off your purchase.

Dr. Parsley: Yeah. Good stuff. And hopefully you know, once I can kind of back out of being the CEO of a supplement company which was really never my idea, once I can kind of extract myself from the day to day of that, I do intend

to have a pretty robust content aspect to that site and/or my site at DocParsley.com where we'll definitely –you know, at the very minimum we'll have a newsletter where we will recapture any good news around sleep in the media and we'll debunk any sort of bad stuff that's coming out in the media.

Try to get ahead of that so that we don't run into the same you know, set --

Robb Wolf: Back and forth, yeah.

Dr. Parsley: Yes. the 70-year-old, the tumultuous misinformation campaign from Keys that we're still fighting against. Hopefully we can nip that in the bud early and just cover all this sort of anecdotal silliness that comes out around you know, whatever putting electrodes on your head and not needing to sleep or.

Robb Wolf: I doubt it. Like people will look, feel, and perform better they'll have the best sleep of their lives by buttoning up all the like features, and using the product occasionally. And then the first news piece from vice or something that says you can just electronically stimulate your brain for five minutes and that counts for sleep.

Dr. Parsley: Yeah.

Robb Wolf: I never understood the biblical stories where like you know, all these people have witnessed these miracles firsthand and then Noah was like yeah guys, I'm going to go off in the wilderness for a couple of days. Just do one thing. Don't build any like false idols or gods and worship them. That's really –you know, carte blanche otherwise. And he splits for a while and they come back and everybody is like yeah I totally forgot all the miracles so yeah.

Dr. Parsley: Yeah.

Robb Wolf: We'll still get that but I'm looking at that less and less from a frustrated standpoint and more as a job security standpoint. So yeah.

Dr. Parsley: Yeah, absolutely. Because one thing that's been born out over and over again is I can keep saying the same thing to the same people and it's new. [Laughs]

Robb Wolf: [Laughs] Right.

Dr. Parsley: So.

Robb Wolf: Maybe if they slept better they would actually stick. So.

Dr. Parsley: Like I don't remember you ever saying that before. I'm like really? Because --

[1:15:02]

Robb Wolf: Yeah. That's all I've ever said because I have nothing else to say.

Dr. Parsley: I've said the same thing to you for the last 30 days and today it stuck. Yes.

Robb Wolf: It's hilarious. Well Doc, you know you don't have to wait to step out of your CEO role to get this stuff going. You can just trim an hour out of your sleep in the evening and an hour and two in the morning and just get more done.

Dr. Parsley: That's probably what I'll do.

Robb Wolf: [Laughs]

Dr. Parsley: Just a little more caffeine and --

Robb Wolf: Yeah just more caffeine.

Dr. Parsley: --stay up a little later, turn out the brightness of my screen so that keeps me away. You get -- it's a good idea.

Robb Wolf: Yeah, yeah. Hey, yeah. Well awesome Doc.

Dr. Parsley: I'll do that while eating cinabons.

Robb Wolf: [Laughs] And you're having a big gulp, go for the mountain dew because it has extra caffeine and sugar in it so.

Dr. Parsley: Yeah. Did you see that tweet I sent out about Mexico City banning processed foods from their schools?

Robb Wolf: No, I didn't.

Dr. Parsley: You can go check out. It's a pretty good article. I mean they stratify all the countries in like what the kids are eating at school, how many sugar calories essentially are they getting at school. Mexico was the worst. So it makes sense that they've gone, the hardest about it. But you know,

America is not far behind. I mean it's pretty – it's a pretty interesting article. It's just amazing to me. It's not like this is new information. I mean how long is – I don't know how long has Gary Taubes been out, I mean to me that was the most damning case for sugar I have ever seen in my life.

You know, I reading that book I was just like there is absolutely no doubt that sugar is so highly correlated with this and there's so much information about that. We're still battling that with our kids. We're battling that with our kids with sleep too. I mean there's overwhelming evidence that we're damaging our kid's development by having them start school at 7:30 in the morning and we're doing it anyways.

Robb Wolf: Right.

Dr. Parsley: Because it's convenient and financially cost too much to bus them later in the day or whatever. As you say it's a lot of job security because as you say it's a lot of job security because as you know I mean I don't even produce this research. I'm just reporting other people's research.

Robb Wolf: Right.

Dr. Parsley: It's been around for decades and I'm never at a loss for material. I could lecture every day and it can be a different lecture every day and I can use different references every day and I've never run out of materials on this stuff so. Hopefully we'll get some buy-in but if not we'll just keep plugging along with this and find a way to pay the bills while we do it.

Robb Wolf: Exactly. Exactly. Well Doc as always it's been great having you on the show. Remind folks again where they can track down the product.

Dr. Parsley: Sleepcocktails, always one word, www.sleepcocktails.com. I think you will also probably have a banner on your site I would guess pretty soon.

Robb Wolf: Yeah, yeah.

Dr. Parsley: The next day or two, if it's not up when this gets out, and then you can buy it from my site as well but we're trying to push everybody, all of your audience into your discount right now because --

Robb Wolf: Yeah.

Dr. Parsley: --they don't get the discount on my site. They only get if they're buying with your code.

Robb Wolf: Yeah, if you go to Doc's site, or go directly to sleepcocktails just input Robb Wolf in the notes or comments section. If you click on the link from my site, then that will automatically get you hooked up. But we will have much more information on this. Looking forward to seeing how this stuff goes and doc what's the – you just wrapped up Paleo FX. Is there another speaking schedule? I know you're trying like crazy to get me down to ancestral health symposium New Zealand. Are you --

Dr. Parsley: Yeah. I just heard that you're going to do a camping trip with Jim Laird instead or a hunting trip or something.

Robb Wolf: We've been trying to keep that a little bit on the down low but you know yeah.

Dr. Parsley: Yeah.

Robb Wolf: And we're trying to get Wellborn in on that too.

Dr. Parsley: Yeah.

Robb Wolf: So I can spoon between.

Dr. Parsley: Yeah. I'm definitely doing the ancestral health symposium and we're looking at putting together some things for some Australian audiences. You know, my wife is from Perth, so if we're going to go to New Zealand we'll probably pop over there and that's where their special forces are. There's a group of doctors there that are interested in some lectures. So we're going to see what we can ramp up to kind of get down to that hemisphere and that it's just, it's a really a very, very open minded, health conscious group of folks down there and we really – we really want to try to get a footprint down there and help Keith Evans spread his paleo message without getting lambasted too much by their nutrition organizations and all that stuff so.

[1:20:19]

You know, as far as symposium type things, that's about it. I have always got a few corporate and pro team lectures bouncing around but that's about it. So if anybody in Australia is listening to this and knows of a good symposium around October we're looking to plug ourselves into events there and I'm trying to pull Robb Wolf with me so you guys should encourage that. If --

Robb Wolf: If you guys are willing to babysit two massively jet lagged kids then I'm totally in on it. [Laughs]

Dr. Parsley: You can just give them the sleep cocktail for like three days.

Robb Wolf: Perfect. Perfect, perfect. Okay.

Dr. Parsley: They'll be all wrapped up --

Robb Wolf: Nice, nice. Awesome. Well doc it was awesome having you on. Looking forward to seeing you in the flesh and we'll talk to you soon.

Dr. Parsley: Alright, brother.

Robb Wolf: Okay. Doc. Take care. Bye-bye.

Dr. Parsley: Bye.

[1:21:09] End of Audio