

The Paleolithic Solution - Episode 32

1. Question from Jeff:

Robb-

I think in every episode you have mentioned how important sleep is, especially when leaning out is concerned. I have two small children including an infant which makes consistent and high quality sleep next to impossible.

I am 30 years old, about 185. I am not necessarily trying to get "Brad Pitt Fight Club Ripped", but like everyone else would like to lose that "last 10 pounds". I am pretty strict with paleo and my only dairy is from Kefir. I do Krav Maga once a week, CF and sprints 1-2x a week and mainly do bodyweight exercises a la Convict Conditioning and Naked Warrior. Overall my training is pretty low volume, well below failure, but at a higher frequency. My gains as far as working out are going fine, but I want to make sure that what I am doing now won't lead to burn out in the future. In my 20's I ran high volume programs with crappy diets and made gains for months before burning out and crashing.

What type of changes should I make to my diet or training to compensate for the lack of sleep? I typically get around 7-8 hours of "scheduled sleep", but I am woken up at random times, sometimes every two hours and for different durations.

It would make sense to me go ketogenic and add frequent IF days as well as making sure that I haven't eaten for awhile before bed so insulin won't interfere with whatever meager natural GH I am getting.

2. Question from Kevin:

Hey robb, adore the web site and pod casts please keep up the awesome work!!!!

Q: As a Law Enforcement officer what would you recomend as the best way to train? competing and looks do NOT concern me at all! My only goal is knowing that one day my, partners, or a civilians life may directly reflect my fitness level. I love the whole idea behind the crossfit ready state of fitness. Ive read some stuff recently about the main site being not enough to get good results? Also heard the overtraining and periodization terms kicked around. Are the sealfit wods to much for a regular routine? would you recomend cycling between a sealfit wod and a wod like the cf football? something like every other day switch between the two, or three of one, rest then three of the other? How would train a LEO that walked into your gym and justs wants to be in the ready state sweet spot? Thanks a million. Kevin.

3. Question from Summer:

Hi Robb & Andy!

First, I'm your biggest fan in Canada. What you are doing is genius and I look forward to any and all new posts/pod casts. Please bring your PSS to Toronto!!Andy your voice is HOT (i haven't googled you to see your picture yet, but I will at some point to see if the face matches the voice).

Here is my question: I have not had a menstrual cycle in 6-7 months. This is really

abnormal for me as I used to get it too frequently (usually getting breakage while being on the pill) and had never missed a month before. My doctor ran some blood work and everything came back normal (thyroid, prolactin etc) except my LH hormone. My other pituitary hormone FSH was normal. I'm wondering if there is anyway my low LH could be tied to diet? I found one study suggesting low leptin can also reduce LH (<http://www.pnas.org/content/95/5/2541.full>). Are there any nutritional mechanics that you know of (ie: low carb, caloric restriction etc) that could influence low LH levels?

Here is some more background on me: I'm female, 31 yrs old, 5'4", 130lbs and am in the best shape i've ever been in my life. I'm fit, but not overly lean. I've been training with CF for 3 years and have been eating Paleo for almost 2 years - prior to this I was a low-fat, treadmill girl. The only things that have changed in the past year are that I'm doing alot more strength work at the gym (OPT style training) and I started taking fish oil and Vit D back in November before this happened. Other than that, my diet has not changed. My stress and sleep (7-8 hrs) are also the same.

I'm going to see a Gynecologist and an Endocrinologist in a month to discuss, but would love to get your perspective as to whether nutrition could influence the low level of LH. Any help you could provide would be greatly appreciated!

Keep up the amazing work! I've already pre-ordered the book so I can't wait for that to come out!

PS: The Paleo Snax beef jerky is like crack. So good! I would love it if you could figure out a way to have cheaper shipping rates to Canada.:

4. Question from Warren:

I will try to keep this short;

I've been loosely following a paleo-esque diet for some time now and decided to make the switch to full paleo. I only had to eliminate a bit of dairy from my diet (my beloved cottage cheese) and a few remaining grain products.

Since going full paleo I've been expanding my diet to include more fruits and vegetables. I've had no problem sticking to 100% paleo, however my one weakness has been fruits (both fresh and dried). I haven't been eating a large amount of them, however I am eating a lot more fruit than my pre-paleo days mindset is comfortable with (I was a low carb WAM before, and this unweighed, eat to satiety is difficult to adjust to). I am comfortable with my bodyfat % (single digits) so I'm not too worried about leaning out any further.

What I haven't been able to understand is why dried fruits are so "bad" on paleo. If you are looking at organic dried fruit, with no additives or preservatives is it not essentially the same as eating the equivalent amount of fruit, just without the extra water removed through the dehydration process?

Can you please explain this to me so I can understand the logic behind this "dried fruit is bad" and the "dried fruit=candy" analogy. The fructose isn't magically transformed into sucrose during the dehydration process, so what gives?

5. Question from Lee:

Robb,

Ever since discovering the Podcast I have been easing my way into 100% paleo over the last month. Already the results are amazing. I am trying to develop a plan to help my dad

get on track. He is 72, 5'10" 219 at approx 28% bodyfat. I have been talking to him about going paleo, the issue is with his Warafin that he takes for A-Fib. His MD has advised him not to consume green veggies because it jacks up his protime. If he consumes more green veggies on a REGULAR basis, thus regulating his Vit-K intake daily, shouldn't the MD be able to moderate his warafin dosage to match the increased vit-k ? Also how do you feel about fish oil for someone taking Warafin ? Love to hear this on the Podcast as I listen in every week. Thanks in advance for all you do:

6. Question from Nicholas:

Hey there,

First off - I am so appreciative of you guys. You are a priceless resource that I have turned MANY friends and patients alike on to.

My question is about cholesterol. Simply put, I understand there are MANY studies that dispute the link between dietary intake of cholesterol and CHD, but from what I can tell, there still seems to be a valid link between high SERUM cholesterol and CHD. As someone who has "high cholesterol" (at least by aopathic standards) I am thrilled that I don't have to reduce my cholesterol intake but I am still concerned with lowering my serum numbers (or at least improving my ratios...assuming there IS in fact a link between my numbers and CHD...please point me in the direction of evidence to the contrary if there is any). I will concede that all this paleo stuff is relatively new to me (<2months) so perhaps I just need to give it more time, but my wife and I have really taken to this new diet, we are pretty strict with it, and we cheat very infrequently. Besides some quality resistance training 3-4x/week and some really mellow met-con 2-3x/week (BOOOOO! HISSSSSS!), taking phish oil (spelling mistake intentional) and lots of veggies and fruits - is there anything else you would recommend? Should I even be concerned about my numbers or is that hog-wash?

Again - thanks for all your great work. Your dialogue with Andy is both easy to listen to and a wealth of info. Keep up the good work.:

7. Question from Carlos:

First off I would like to say have been a big fan of the podcasts and recently saw you in Seattle Crossfit for your seminar, good info.

My question is in regards to fat loss. I am currently 26 5'10" around 198 lbs and I would say am fairly lean except for the pudge I have in my stomach. I have been back in forth with my diet remaining fairly paleo. . I have done the zone but didnt like it because my strength numbers went down to much and went make to unweighed paleo eating to satiety and using butter and cream for some fat sources.I am currently doing gluten free-(grains like corn or rice on cheat days) and dairy free for 30 days to see where I'm at in regards to any dairy intolerance.

My question pertains to a statement you and Andy made about having people lean out before doing a strength program. As younger man I was obese with no muscle mass whatso ever My greatest weight being at 230lbs. 4 years ago I started a diet and got down to 195. Since joining the army I have gotten all the way down to 175 still I really dont think I had that much muscle mass.All the while still keeping the little flat tire of fat. As I said am currently 198 and my lifts are going up steadily (300 squat, 330 Deadlift). People tell me its just extra skin, as noted by the way by stomach sags when I do pushups. I have come to the conclusion that it will probably never go away and mainly been focusing on strength these days. So anyway have you ever come across a client with same problem.

Is there a point where diet and exercise will not be enough? Basically how much of an effect does leanness have on pregression? My sleep hasn't been the best but I pretty much think I'm about stuck where I'm at.

One last question about another podcast? You said the bulk of strength training diet should consist of about 1 gm per 1lb or body weight, 50-75 gr or carbs and the rest of calories from fat. You mentioned that if you wanted to cut fat that it work up to about 15 cals per 1lb. Is this the total amount of calories for every macronutrient or just from fat?:

8. Question from Thomas:

Ok, I have seen quite a few questions regarding fish oil calculations and recommendations. I read the question and listened to your response on episode 27 about fish oil thinning out your blood. Some of my family members were worried that the amount of fish oil I was taking was way too much. Let it be known that they know next to nothing about Crossfit or Paleo/Zone eating. To get to the point- I have been told that the amount of fish oil I take (which is 36 capsules) could cause me to hemorage or bleed out quickly if I was to cut myself. Also, that it could damage my liver and make my skin bleed. Basically to sum it up I could bleed to death. What are your thoughts on these accusations? Well I slowly amped up my dosage as Andy said and have not had any problems so far. I researched this issue myself on the web and the only sources I found that could back up your recommendations were from Poliquin, Berardi and Sears. I know you sort of answered this same question in Episode 27 but to touch on this a little more would be much appreciated. Some good hard proof I could show my family so they will stop worrying about me taking fish oil in the amount I do would be great. Since this is all quite new stuff, this sounds crazy to people who still follow old school BS recommendations from the FDA. So what would you say to somebody who told you that you were crazy and stupid for taking that amount of fish oil. By the way, love your stuff, keep it up!

9. Question from Zack:

Hey Rob,
I really appreciate what you do, please keep up all the hard work.

I am a very clean eater 99% of the time, but there are always those meals that you can't avoid. Weddings, holidays, trans atlantic travel where we have no choice but to eat outside our usual diet. Usually after a meal like this I obviously feel like crap, is there anything I can do after eating a meal like this to speed up my recovery and get back to digestive health? I know this is kind of a crazy question, but I hoped you might have an answer.

I have a second question that is a little more serious. My mother is currently living with Multiple Sclerosis. She was diagnosed almost twenty five years ago and has lived relatively well with the condition, but it's looking more and more like she is going to be confined to a wheelchair by the end of this year. I have talked to her shortly about how a paleo diet may be beneficial to her, but the fact is I don't totally understand it myself. She is a Md. herself and is very keen to avoid any "miracle cures". Is there any validity in what I have heard about paleo diets helping people who have MS?:

10. Comment from Chris:

Hey Robb,

You asked for some feedback from "the other side" of the vitamin A debate in Episode 28, so here it is.

I believe the study you're referring to was the one published in the British Medical Journal examining the relationship between vitamin A, vitamin D and colorectal cancer. It claimed to show that vitamin D was protective, but as vitamin A levels rose, the protective effects of D declined. This led the researchers to conclude that vitamin A antagonizes vitamin D.

There are a number of problems with this study, which Chris Masterjohn describes in detail here (<http://www.westonaprice.org/1876-more-attacks-on-vitamin-a.html>) and here (<http://www.westonaprice.org/1886-further-questions-on-vitamin-a.html>), but the short version is this:

CORRELATION IS NOT CAUSATION! Sorry for the all caps, but I'm so tired of this simple, rookie mistake being made by experienced researchers (like the ones that published the BMJ paper) that it's driving me crazy.

Robb, you're a smart guy and I know you're aware that the confusion between correlation and causation is what created the completely false idea that diets high in saturated fat and cholesterol cause heart disease.

Here we have yet another similar situation, where researchers who have observed a correlation between higher levels of vitamin A and reduced protection from vitamin D have rushed to conclude that the higher levels of A are the CAUSE of that decrease in production.

Any scientist without their head up their you know what could tell you that it's impossible to reach such a conclusion from an epidemiological (prospective) study. To know this for sure, someone needs to conduct a study where humans are given vitamin D supplements or a placebo on a vitamin A-restricted diet, combined with several levels of vitamin A supplementation. The researchers would have to randomly distribute the participants to the different treatment groups.

Another problem with the study was that the researchers don't say where the vitamin A came from, and whether it was the same source for each of the subjects. Maybe some subjects took cod liver oil and others took multivitamins or drank fortified milk and ate fortified breakfast cereals. There's every reason to believe that vitamin A in natural foods, including cod liver oil, acts differently than the vitamin A added to fortified foods and to supplements because in the former case it contains all of the necessary co-factors for absorption.

Cordain's theory that humans got most of their retinol from conversion of beta-carotene has a big hole in it: countless studies have shown that the conversion of beta carotene to retinol is poor, especially without adequate dietary fat.

Pre-formed retinol from animal products is far easier to absorb and utilize. The simplest explanation is often the right one. Although Cordain would disagree, observations of contemporary groups like the Inuit and anthropological evidence of our hunter gatherer ancestors suggest that the organs and fatty tissues of animals (like the brain) are and were preferred over muscle meat. Why? Because the organs and tissues are the most dense in nutrients, including DHA and fat soluble vitamins.

As Chris Masterjohn says in his article, in the face of scientific uncertainty (which abounds) we should defer to traditional diets. "We know that traditional diets developed over thousands of years by groups all over the world that had successfully fine-tuned nutritional strategies that allowed them to pass radiant health from generation to generation consumed diets rich in foods like liver, other organ meats, cream and butter, shellfish, or insects, that

provided a rich assembly of fat-soluble nutrients that included plenty of vitamin A."

I place far more trust in this evolutionary wisdom, developed over hundreds of thousands of years, than a prospective study that makes one of the most basic errors in science: confusing correlation with causation.

Actually, in fairness to the authors they did caution against interpreting their data as evidence for causation:

"The strong inverse associations of the present [observational] study," they wrote, "suggest that further research efforts should concentrate less on observational findings and more on clinically relevant studies to determine whether vitamin D has a causal role in colorectal cancer prevention or whether it is a marker of other events."

But this was largely ignored by the A-phobes in their reporting.

I hope you can include this perspective in a future podcast, because I think it's an important issue that affects many of your listeners and readers.

Keep up the great work.