

## Paleo Solution – Episode 131

**[0:00:00]**

Robb Wolf: Hey, folks, it feels like we've been here before and we're here again.

Gregg Everett: Indeed.

Robb Wolf: It's episode 131 of the Paleo Solution podcast. Gregg Everett, what's going on?

Gregg Everett: Nothing. Still sitting here on my desk, recording podcast.

Robb Wolf: Hoya.

Gregg Everett: But this one we're going to straight out murder less podcast right now.

Robb Wolf: Sweet.

Gregg Everett: It's going to be the best one ever.

Robb Wolf: Curve stumpage?

Gregg Everett: Yeah. At least that's my goal.

Robb Wolf: So, since we wrapped up the last one about five minutes in two piece ago. Let's just jump right into this. I have nothing new to report from five minutes ago or one week ago. So, still no baby, still no baby.

Gregg Everett: It's should be the same, should be the same for me.

Robb Wolf: Although, the, you know, the time dilation of podcasting that may not be true for now, so.

Gregg Everett: Okay. Well, since there's absolutely nothing interesting at all for us to talk about, should we hope these questions are interesting and get to it?

Robb Wolf: Yes. Yeah.

**[Laughter]**

Gregg Everett: Yes. Please.

Robb Wolf: You've got to read the subject line on this first one.

Gregg Everett: Yeah. Okay. So, this is a tricky one here. Sleeping after long periods of being awake, of course my response to which was, you mean like every day? Okay.

Robb Wolf: It is intriguing. I don't know. Sorry folks. We're getting punchy here, so.

Gregg Everett: maybe this is after like some kind of math vendor though.

Robb Wolf: Could be or being a doctor.

Gregg Everett: Yeah. I think math actually keeps you sharper and more alert than doing super long shifts in the E.R.

Robb Wolf: I would probably agree with that, it totally makes sense.

Gregg Everett: All right. Chad says, "Hi, Rob, really appreciate the podcast, book website and everything you're doing for paleo. I'm only recently converted to a paleo diet, but the changes have been impressive. I'm an orthopedic surgery resident and, as such, get to enjoy the choice of being on call and having a pretty crazy schedule most of the year.

I try to get as much sleep as possible, but I know that I'm often unable to get as much sleep as I feel I need. My question is this, for those days when I'm post call, after having worked for a 24 to 30 hours straight, what is the best way to go about sleeping when I get home around noon? Should I try to sleep for a good amount of time, six hours, then, wake up for a bit before going back to bed later that night. Take a shorter nap immediately when I get home and then go to bed earlier at night. Or just not sleep at all and go to bed even earlier?

I'm just trying to figure out how to minimize the damage this psycho causes my adrenals and the rest of my mind and body.

Robb Wolf: Oh, man, it's tough, it – to the best of your ability, try to find a pattern, like your body will kind of fall into a more patterned response. That gets really hard like if the, you know, you're on three days, and then off two days, and then on two days and off three, you know.

So my first response would be to just try to find as much of a pattern to this stuff as you can. And then the second piece to this is get as much sleep as you can.

So, just other – all other things being equal sleep whenever you can sleep. If you really feel like a big block of sleep in the day is going to affect your sleep at night. I guess, then, maybe trying to do that, you know, like getting jaw bone and kind of, you know, following that polyphasic sleep pattern a little bit, you know, like, the 90 minutes of, you know, trying to come out of sleep at a 90 minute demarcations, so that, you're not as groggy and stuff like that.

But my gut sense is that try to get a pattern. And then try to get as much sleep as you can, unless it really legitimately seems to mess with your night time sleep. But then when you're up at night it, you know, it's just tough.

But that would be my gut sense of how to tackle that stuff. I've found when I travel that some melatonin really helps hit the reset button, so, that might be something to tinker with. And some people really powerful responders. And like a quarter milligram is the right dose form, other people need like five milligrams.

So, you know, I think there's a lot of variability there, but much more safe. And in my opinion it would be much more effective than doing like ambient or something like that, to try to help you sleep, which really just makes you unconscious. It doesn't actually produce the state of sleep, so.

Gregg Everett: How about GHP?

Robb Wolf: Oh, man, that, you know, I used that stuff when it first came out. And you could buy it from health food store. And I had amazingly good sleep, like, it was phenomenal stuff. It's a serious bomber that it's like a schedule three up there with like pair went now, so, yeah.

Gregg Everett: Well, too many virgins were using it to bone girls.

Robb Wolf: Yes. Yes. Bad sex.

Gregg Everett: I would say that with the sleep stuff, definitely I think the primary goal in this to be getting as much sleep as you possibly can.

**[0:05:00]**

And so, when I work on the gut bucket, you know, we would work 24-hour shift, 7:30 to 7:30. But then I would also work dispatch shift sometimes and I would work graveyard from 11:00 to 7:30.

And so, you know, on some 24 you actually get to sleep some of the night. And a lot of them know you're essentially up all night and you are working 24-hour straight. And I would come home from that, immediately take a shower, get in bed. Didn't care what my roommate was doing. Didn't care, you know, what was going on. I just needed a sleep.

And, you know, if I had to work that night obviously I really need to do get as much sleep and as possible. If I didn't have to, I'll have that whole next day off, didn't matter, I would still come in there and sleep as much as I possibly could. And then go to sleep again later that night. Because again, you know, you clearly don't have a lot of spare time to work with here.

So, it's nicest it would be to really have a nice consistent pattern, you know, it's just seems like generally that's – it's pretty impossible to do. So, I think the melatonin that night, it's probably a good idea too, if you feel like you won't be able to fall asleep. But I would – I definitely wouldn't try to keep yourself awake for an extra six hours after a 30-hour shift, just so you can sleep more solidly that night, because then you're still losing a bunch of sleep, but that's me.

Robb Wolf: Yeah. And, you know, just as you were talking about that, I was thinking more in making sure that your vitamin D levels remain good. I would track your blood work. And, you know, keep an eye on DHEA sulfate, testosterone all that stuff. And take the steps you need to support that stuff and support the sleep too. It'll make your life a lot better.

Gregg Everett: Yes. All right. I like this subject that I find in here. I don't want to train like a girl, but my ovaries keep getting in the way.

Robb Wolf: I have the same problem.

Gregg Everett: Where do you have your ovaries?

**[Laughter]**

Oh, okay. Karen says, my question is probably TMI, but here it goes. I've been paleo for the past year and about six months ago I started CrossFit. Everything has been going awesome so far with just one exception. My goals for the past couple of months have been to get stronger and faster. No calorie restriction, up my protein and carbs, keeping everything heavy and other awesome tips from my portable Gregg Everett. It's awesome and everyone should buy it.

Robb Wolf: Yeah.

Gregg Everett: Thanks. My husband is on deployment in about three weeks before he comes home. I'll focus on leaning out by going low carb and mixing in some intimate and fasting. Of course I.F. only when I've got all my ducks in a row, sleep, eating, clean on non-IF days et cetera.

Robb Wolf: Good girl.

Gregg Everett: Karen you are doing a great job paying attention.

Robb Wolf: Good girl.

Gregg Everett: But I have found a hiccup. The best advice I got was to not train like a girl. I lift heavy and I only whine in my head when I break a nail. But PMS is a bitch. About a week before my period I'm a pile of shit. I can barely run 400 meters, dead lifting my body weight, feels almost impossible, and I get sore a lot easier.

I know my mouth isn't a vacuum cleaner, but my stomach doesn't pay attention to my brain for that week.

Robb Wolf: Oh, Jesus, yes.

Gregg Everett: I destroy anything and everything that gets in my way. And it's when I usually cheat with not so awesome foods. I'm better at eating gluten free junk now, but junk is still junk.

I don't want to train like a girl, but my ovaries keep getting in the way. I know that I can't completely get rid of my symptoms, but it's frustrating.

I feel like I make huge strides forward and then have to take a huge step back every month. Most info I can find is that it's "probably normal." But I know from being paleo that normal doesn't always mean good. Is there anything else I could do to help out with my symptoms?

I've been on BC before and although, it helps with PMS, but I get really bad nausea and other symptoms that last all month long. Any help? You just had that testosterone episode and it was hilarious. Any equally insightful/funny input to offer for the fairer sex.

Thanks for the podcast and keep up the awesomeness.

Robb Wolf: You know just commenting on that I had somebody kind of take me to task on the testosterone stuff. And, you know, that it wasn't giving a fair shake to the XX chromosomes out there. And I explained to the woman that you can do really good treatments of male endocrinology testosterone, estrogen, growth hormone, insulin, insulin like growth factor. You know an overview that gives people a really good standing of what's going on and it'll might you 40, 45 minutes to do it.

It takes like 200 hours to properly address a female endocrinology. It's just way more complex with estrogen.

Gregg Everett: You see ladies why we don't ever know what the hell is going on with you?

Robb Wolf: Exactly, exactly. And so, I mean, what I told this woman was that I try to keep my nose where I feel like I've got some sort of understanding, instead of quantificating on stuff that I don't know anything about, which seems to be what most of the rest of the world does. Whether they're talking about, you know, like history, or politics or nutritional biochemistry is the case.

**[0:10:00]**

So, you know, we will look into this more, but it's just the way more complex topic and it has just kind of bio in there. You know the stuff that leaves out at me with this is that, I know for a fact that I've seen people who really improved PMS with better eating.

And so, I'm not getting – I'm getting a sense that you're probably eating pretty well, but then there is also some of the stuff that you said, like the junk is still junk and you're probably eating gluten free. I'm thinking that there may be way more crap food in the mix, than what we're thinking. Well, is she the one that said 85 percent or was that somebody else?

Gregg Everett: No. That was somebody else.

Robb Wolf: That was somebody else. Okay. So, that's just kind of part one of this is that you may not actually be eating as well as what you think you're eating. And that there may be more benefits on the PMS side, you know, with some tighter nutrition, maybe the carbs needs to be a little bit lower in general. We don't know what your sleep is, so that's another piece, like, anything that we can think off regarding insulin resistance and inflammations. Sleep, stress, cortisol, vitamin D, like all of these stuff.

And so, if you're not getting eight or nine hours of sleep at night, if it's more like six hours and you own a gym and you wrap it, you know, 4:30 am to run your five, you know, your 5:15 class, those are all baggies. And so, there's more of this picture, you know, it's always like sleep, food, you know, training, socialization, like the kind of big picture deal.

So, that's the stuff that I would be looking at for sure. And then, you know, fish oil for most women's seems to help with the PMS type stuff. Although, for a few women and people in general, fish oil can be problematic both with regards to PMS and or acne, some people are kind of paradoxical responders. And they actually need some deactivated omega sixes, like the DGLA that we would get from borage or primrose oil.

You don't really know if that's the case until you either experiment with it or you find a good functional medicine doc that can look at what you specifically have going on. And can get some sense that may be you aren't, you know, you've got some inflammatory stuff coming out of actually the omega 3 pathway versus the omega 6 pathways.

The other thought with that is just are you – do you have some sort of a problem clearing normal levels of estrogen? Like are you kind of estrogen dominant, which can be some liver detox issues. But that also again going back that ties into insulin resistance, if we have the elevated insulin levels and we have elevated levels of aromatize or converting to saccharin and then to estrogen. So, this is why this shit gets really complex more talking about women.

So, you know, there are things that you can play with. Making sure you're diet is tighter. Tinkering higher on the fish oil, tinkering lower on the fish oil when having a DGLA, instead of fish oil in small doses, but I think that having someone help you with this, doing some blood work, finding somebody on the paleo physicians network, finding a good functional medicine doc and doing a little bit of blood work, see what's going on under that hood. I would try doing an ASI test just to get a base line on cortisol.

That's going to be the stuff that it is going to give you some guidance about where to go. With guys if they're having problems it's typically like, I don't feel good, I don't wake up with morning wood. We do some – we don't even need blood work. We get the vitamin D levels up. We give them some phosphatidylserine and they're like wow, okay, I'm wake, you know, my lipido is better. I'm recovering better, boom, done.

With women it's just a more complex gig. So you've got a number of things to consider there. And again like I think a good health care provider that can get in, run some blood work, really do a thorough analysis of your nutrition and life style, then you kind of come back and do this.

But if you were going to tackle this on your own, I would tackle the food, make sure it's really good, make sure your sleep is good, get your vitamin D levels checked, make sure it's in the high normal range, and then you start branching out from there.

Gregg Everett: Well, I have nothing to add in terms of actually addressing the symptoms, but I will say this. I would suggest that you kind of restructure your training and kind of take advantage of this cycle. But you're going to have to deal with in some way, no matter how well you get those symptoms under control.

And so, that week, where you're going to feel like shit, you're not going to want to train, everything is going to feel though, that needs to be your back off week. And, you know, the week after that, you know, couple of days after you actually start your period, as far as I understand it, that's when your testosterone level are going to be highest. You're going to feel the best at that point.

[0:14:57]

So, why not use that to your advantage. Back off that whole week before when you going to feel shitty, anyway you're not going to be able to train well. Get yourself recovered and then come back that next week and just smoke everything.

Robb Wolf: Uh huh. Smart, smart.

Gregg Everett: So, I mean, you end up then with basically a three week period of loading and one of week of back off, which is incredible common in the strength training world as it is. So, it's not like you're forced into some odd schedule that doesn't work. I think it would work quite well.

You know and take that – take that week, reduce your volume way down, you know, maybe even back off the more kind of speed and explosive type training, where you're going to feel worst most likely. Really make a focus on the kind of recuperative stuff. Go get your money paddy, like go take care of yourself that week. So you're not making yourself feel even



worst by reminding yourself that you're not able to train as well you want.

And that way instead of feeling like you're getting screwed by taking the step back that you don't want to, you can feel like, hey, this is exactly what my plan is to back off this week, so I can come back stronger next week. That's what I would do.

Robb Wolf: Super smart. Yeah. I like it.

Gregg Everett: Because, again, you're never – until you go through menopause, you never just going to get pass this. Like, it's always going to be somewhat of an issue. And I have a lot of female weightlifters. I have more female weightlifters than male.

And so, this is something that we deal with on a regular basis obviously. And for some of them, it's a really – it makes a big difference. And we have to actually kind of change the program and work around it a bit. For other it – there's really no noticeable change.

So I can tell you exactly when some of my weightlifters have their periods, a couple others, I don't know, because it doesn't affect them. So, I would just use it to your advantage as much as possible.

Robb Wolf: Cool.

Gregg Everett: All right. This next one the subject is proper low-bar squat bar position. And the answer is high bar squat position. Anything to add? I'm just kidding, all right, we'll take this.

Tom says, hello, I've been attempting to squat using the correct low-bar position as outlined in "Starting Strength" by Mark Rippetoe. However, I'm having some trouble. Rippetoe states that the bar should rest just below the spine of the scapula, but thumb should be on top of the bar and the wrist should be straight, so that, the bar rest on the back and does not put pressure on the wrist joint.

My problem is, if I take this position, the bar has to sit somewhere like 1/3 of the way up my forearm, unless I somehow rip my arm out of my shoulder sockets to move them far enough back for my hands to rest on the top of the bar.

Is this an acceptable position? I feel like I'm lacking control over the bar at this way. I look forward to hearing your suggestions.

Rob why don't you start this? So I have some time to call him Rob, have a more measured response.

Robb Wolf:

You know coming from a power lifting background, like I've always gravitated a bit more towards a low-bar position, but it's interesting. I've also tended to be about shoulder weight, you toss more forward than not full range of movement on this stuff.

What this position does, I'm still getting a really full range of movement, well below parallel. But it just shifts the loading under my glute hamstrings a little more and it doesn't irritate my knees. I love Olympic lifting. Like, love it, love it, love it. And I've never been able to stick with it long enough to get through the pain that I get in my knees from that more upright torso kind of quad centric squatting.

And so, the thing that I've come down to is like I drop the bar down a couple of inches on my shoulders and I'm good to go. But interestingly, because I've always maintained thoracic mobility and shoulder mobility, I actually get as narrow a grip as I possibly can. I stack my rhomboids and squeeze the shoulder blades together. And it sounds a lot more the way that like Pavel and start to lean in and some of the other folks coach the squat position weight. And it's similar to me when you're getting setup on the dead lift to basically trying to tighten everything up.

So, when I tinkered with this really wide deal and like my hands trip over the bar, I too did not feel I had good control over the bar. I didn't feel as tight and integrated. And I didn't feel like I can recruit his heart.

And I guess that's kind of the, you know, the long and short of that. I, you know, with all of these stuff, the reason why I like full range of movements squat is because they're really beneficial for the joints. The reason why I like a narrow grip on the bar at – in squatting is to some degree it's indicative of what your shoulder mobility is.

And so, if you need to like have your arms out, collar-to-collar and you're kind of like barely dripping your shoulder over or your hands over the bar. There's some thoracic and shoulder mobility issues that I would really like addressed and I think addressing that is going to produce some more integrated kind of lock up position on the – on the bar.

[0:20:08]

So hopefully I've rambled long enough that Gregg can formulate some coaching stuff on this.

Gregg Everett: Well, I mean, the reality is that you're proportions are going to dictate the position you could get into.

Robb Wolf: Uh huh.

Gregg Everett: And so, it's sounds like, Tom, you have probably kind of a shorter upper arm and a longer lower arm. And that's just going to be something you have to deal with. And so, really the only way to deal with it, other than ripping your arms out of shoulder socket as you suggest should – would be to widen your grip, because that'll pretty much keep your elbows in about the same position. But then take up some of that extra lower arm length.

So you can try that. Honestly, I mean, I don't particularly like that position. I don't particularly like the low bar back squat, but that's a whole another discussion. So if you feel like that is the way you want to squat, you need to find a way to rack that bar in a manner that is comfortable and secure. Otherwise, you're just setting yourself up for failure from the start.

So I would try that wider grip initially. Like Rob said you really do need to be kind of retracting and even elevating those shoulder blades a little bit. Give yourself, you know, a nice kind of soft cushion for that bar to sit on.

And, you know, even doing that may help the position a little bit. It might take up some of that extra arm length. But, you know, honestly if you can't get into a comfortable position like that, you're really in trouble.

So you pretty much going to have to experiment. Find exactly the placement that you want. If it's not exactly just below the spine of the scapula, then you're probably going to be okay. And if you have to bend your wrist a little bit, you're also going to be okay. Because the reality is if you're doing a low-bar back squat, you're going to be inclined further forward than you would be otherwise.

And again, the bar should be resting on the back and not putting pressure on the wrist joint. So in my opinion if that's the case anyway, it doesn't really matter if your wrist extended in a neutral position or, you know, whatever, because there's no pressure on it in the first place.

So, you know, work with what you've got and do what you can to make it comfortable and secure. And like Rob said, you know, he kind of arrived at this sort of hybrid, sort of squat, because he found with experimentation that, that's what work best for him.

And so, I would suggest you do the same and just kind of play with this stuff and feel or find out where you feel the most comfortable, where you feel you're going to get the most benefit and make that your kind of default squat position.

Robb Wolf: Yeah. And with that said, I will fully endorsed that, if you've got the orthopedic range, if it works for you, though Olympic style back squat I think is hands down the best squat to use for like general athletically – athletic preparation. For me...

Gregg Everett: I like that, athletic.

Robb Wolf: Yeah. Athletic. For me the – I mean, it's crazy. It's only about two different – two inches difference between like upper trap, lower trap, but it's the whole world of difference for my with regards to knee pain or no knee pain. And I – yeah.

Gregg Everett: And I can say – I can say from having observed you squat that even though you place the bar a little lower than like I might or some of my lifters might. You still do squat in a pretty upright posture, you know, you don't lean way over, so.

Robb Wolf: I don't, but here's the deal when I was tinkering with Olympic lifting, is that just that little deviation in that position when I cleaned heavy, I fold it over, because that was my – and again, you know, like for most – for most people I still have a very upright squat, but I do not have a fully extended thoracic, you know, posture.

And so, I found it when I got heavy that it was consistently defaulting to that stronger position which was slightly thoracic rounded, which is death on the clean. And that's where that I think the infliction point between being general and then being specific is really – it's that question again, why are you doing these things?

And for me as much as I love the lifts, it's like the power clean and power snatches mainly what I play around with, because I can squat in a comfortable manner. But then the, you know, loading that I'm subjecting myself to on not getting – getting stapled in the hole, because I'm not a

specifically training that type of positions that I need to be strong enough to handle the loads in those spots.

Gregg Everett: Cool.

Robb Wolf: Yeah.

Gregg Everett: All right. Ron says I sometimes get cracks in the corner of my mouth.

**[0:25:00]**

What – what you should I do? Is it a vitamin deficiency or yeast overgrowth? Cause and cure?

And this whole – this whole question by the way all the first letters of each word are capitalized like a title.

Robb Wolf: It's a little bit seven or serial killer ass. It's a little bit – it's a little creepy.

Gregg Everett: Well, don't you – don't you capitalized the first letter of all nouns in German?

Robb Wolf: Think about that. No. I don't think so whatever. No, no. I don't think so.

Gregg Everett: Oh, maybe I just imagine that the whole thing.

Robb Wolf: Yeah. Yeah. Yeah.

Gregg Everett: It seems like something I wouldn't imagine though. It seems very specific, but I could be totally wrong.

Robb Wolf: Yeah. Uh huh. Uh huh. Yeah.

Gregg Everett: All right. And then there is couple links to a Wikipedia thing and an EzineArticle, so.

Robb Wolf: Is it angular to lightest and all that? You know that – short answer on this, I have no idea. Longer answer, I just been doing some reading on the Okinawa and it's like I do actually a lot of reading. And as healthy as they are and as long lived as they are. One of the common things that researchers found in this folks was a B vitamin – B vitamin deficiency which I believe is this angular to lightest. And it's just happen that – as nutritious as their diet generally is there are some B vitamins that they're kind of deficient in.

So whether this is like fresh or a B vitamin deficiency, I don't know. I mean, if you generally eating paleo it would be surprising to me that you would have a B vitamin deficiency, unless you've got some gut permeability stuff. I guess either way throwing in like a low dose multivitamin would be an easy way to kind of dark your eyes and cross your teeth's on that.

But short answer probably most important answer is I really don't know.

**[Laughter]**

But those are some possibilities to dig around.

Gregg Everett: I also don't know Ron, sorry. Okay. This next one is – I don't even know how I'm going to read this subject line. You want to give it a go? I think you have – you – there you go.

Robb Wolf: Gooooooooooooooooall. It's like soccer, when they score.

Gregg Everett: Yes.

Robb Wolf: Football.

Gregg Everett: Geoff says, Rob and Gregg, in numerous past episodes both of you offered the sage advice that we should evaluate our individual nutrition and training strategies in light of our respective goals. Would you please spend a few moments to discuss your respective views on the process of goal setting?

What advice do you give your clients on how they should choose their goals? Do you work with them in that process, if so how? What are some of the most effective goal setting strategies you have used? How you go about setting your own personal goals?

Many thank to you both for all you do, Geoff. PS. Rob, are you banking podcast I-Caveman style in anticipation of the wolf cub's arrival?

Robb Wolf: Yes.

Gregg Everett: Indeed.

Robb Wolf: I like to take more Sperm Bank style, but yes.

**[Laughter]**

Yes. So we're just shooting this stuff out there, but...

Gregg Everett: Oh, man.

Robb Wolf: You know it's interesting in, you know, like at North Cal, because we have – we are kind of CrossFit derivative gym. Like, we still have like the elements in level one are sniff very much like a classic CrossFit kind of – kind of program. And then – but now we've got a power lifting/bodybuilding program. We've got no lifting program. We've a gymnastics program. We've a bunch of other kind of spin off type classes that we're doing.

And so, it's, you know, typically the goals that most people have are like they want to look good, they want to be healthy and they want to have some fun.

And so, because we've kind of diversified our offerings, it's typically been pretty easy to help people that are waiting on stuff. And, you know, we – we do strength challenges, where people will come in, and test their max back squat, and power cleans and different stuff like that.

And I haven't usually found it very difficult, you know, you just kind of talk to people. I guess like on day one, if the person roles into the gym on day one and you're talking to that person, it's like, so, what do you want to do? And it's, you know, the person is 40-year-old guy who's a former, you know, like collegiate football player, and he's kind of gone into pot, and he wants to get lean and getting his bench press up again.

And – or it's a mom, you know, mother of three. And she wants to lean out. And, you know, she doesn't even yet know that she wants to get a pull up, you know. I mean, and so, often times the people don't even know what they want when they first role in. Like, CrossFits becoming, you know, obviously much more kind of disseminated into the popular culture. And people kind of see that stuff, so they maybe have a little bit more of an intellectual box to – to put these ideas in.

But a lot of times when people first rolling the door, they just want to get leaned, they might have some health problems, but typically they just want to look better and everything. And then through the course of time, they get excited about performance and we just kind of go from there.

**[0:30:00]**

And you know honestly I have not been one of those really good coaches that like sits down quarterly and he's like, so, what are your goals? What are we going to do? And I've been a little bit more on the experiential side and just kind of there in the process.

So I maybe bad in that regard like if I was more goal oriented both for myself. And my clients thinks might work better. For goal setting in my own life, I've been kind of spastic, but I mean right now it's just getting as far as I can with jujitsu. And then...

Gregg Everett: Just getting Jack in ten.

Robb Wolf: Yeah. Jack in ten is pretty much it. You know I'm 40 and I'm going to have a kid. And I'm doing some jujitsu for the bulk of my conditioning. I want to learn how to do some stand up paddle boarding and a little bit of surfing. I really like spear fishing. So I want to be in shape for doing that stuff.

And then I want to try to get a one arm chin again. And I want to get some hand balancing stuff back again. And then I just maintained basic strength numbers on like squatting, dead lifting and all that, which allows me to do other stuff.

So but my main goals are just being functional to be able to go do stuff. And then hopefully look good enough naked that my wife actually wants to sleep with me, so.

Gregg Everett: It's always a bonus.

Robb Wolf: Yeah.

Gregg Everett: Yeah. Geoff, I think honestly you're going to super disappointed with our answer to this question, because I got to say, I'm kind of like Rob where I'm not – I don't do a really good job with the goal setting process. Like, I guess I don't get that involved with it.

And I would say, I kind of take a similar approach to what Rob describe with our fitness clients. And it's – definitely with fitness clients, initially it's tends to be a very vague, you know, the goal is I want to get fit. And that's fine as a starting point.

But then what happens is as they go on and on, they get more interested in more specific things. And they set goals specific to that. So we actually



a little white board in a part of your gym like right by the water cooler, that's the goal board. And people will write the next thing they want to work on.

So for some people that's getting, you know, a certain number of consecutive pull ups or snatching a certain amount of weight, you know, whatever the case is. And they can kind of work towards that. And we even have a little date thing on there, where they can put their target date. So it doesn't just linger on there for five years.

With that being said, you know, I do fully acknowledge the importance of setting goals, it's just doesn't mean that I'm good at that. But I think the key – first of all is that you have kind of multiple levels of goals. In other words you have your long-term goals, which are pretty ambitious. And then based on that, and based on where you currently stand and, you know, the circumstances of which you're working, you set kind of smaller periodic goals that are much more reasonably attained and much sooner attained.

So if you have a goal, the ultimate goal is five years out, that's really hard to work for. It's very easy to get distracted, and get go off the rails and get frustrated, because you don't feel like you're making measurable progress. Whereas if you set goals that you can reach in a time period that you can measure more like in weeks or even in a couple of months, that's a lot easier to stay and motivated.

And they're – the only thing worse than not setting goals, is setting goals and not achieving them. That really takes the start get you out of your bridges. It's very frustrating, it's very discouraging and it's hard to come back from.

So in addition to having kind of that multiple level of goal sort of thing, I would say also that make sure your goals are reasonable. You know if you are the 40-year-old guy who comes into the gym, don't say, "Hey, in two months I'm going to snatch a 180 kilos," because you're never going to achieve that. And then you're going to feel like an asshole for not doing it. Whereas if you say, "Okay, for this first two months my goal is to improve my mobility to the point that I can comfortably do an overhead squat with an empty bar." That's easy, very easy to evaluate.

You'll be able to tell on a kind of day-to-day, week-to-week basis where you stand in that continuum. And based on that kind of tweak your training and whatever. And maybe even adjust the goal, the time period a little bit. And then once you hit that goal, you go to your next one, like,

okay, I want to be able to snatch 40 kilos. And so, taking it not very step wise fashion I think is really smart.

Another thing I would say is that, it's helpful and this has been repeated by a lot of people, but it's helpful to make your goals public. And so, that's part of the goal board there is that other people can hold you accountable for it, so you don't slack off.

[0:34:59]

And I think that's very motivating for people, not only, because they don't want to embarrassed themselves, but because they get the support from other people who are encouraging and who are checking in on them like, hey, how's it going, you know, where do you stand right now, you know, what do you think you're going to do to make this work or, you know, whatever the case is. Or hey I had – I did something similar and this is what work for me. So I think that's the big part of it.

And then, in terms of setting my own personal goals, I'm not really good at this, I have like multiple documents on my computer that have these ridiculously epic list of things that I'm trying to get done. And that ranges from like the pretty Mundane, you know, website maintenance stuff and administrative sort of stuff to pretty ambitious projects.

And so, it runs the full – the full gamete there. And I think really what I've got in better and better at doing is kind of trying to set timelines for these things and prioritizing them. Because one of the biggest problems people have when you're in a position like me and, you know, like Rob and things like this where you have so many different things going on. You got your fingers in so many pies. And you got 18,000 pants on the fire. It's very hard to stay on track with one specific project, because you're getting pulled in so many directions.

And so, when you learn to priorities those things better, it's – I think it's easier to stay on track. And instead of trying to work on 20 things at once and then get nothing done, you say, "Hey, this has to be done by Friday." So, that's got to be number one that has to get done.

This next thing is most important to me, so I'm going to try to keep this done by this date. This other stuff can kind of get done whenever I have some spare time. And so, in doing that I think it's a lot easier to be more productive into better use your time. And actually achieve more than you would if you just went, shit, here's a list of 80 things that I want to get done and we'll just kind of see how I feel each day and I'll choose as I go.

Robb Wolf: Nice.

Gregg Everett: Rob, any final thoughts?

Robb Wolf: No, no, I like it. I like it.

Gregg Everett: Cool. All right.

Robb Wolf: You know what? I'd lied. I am going to throw – I will throw one other thought in there.

Gregg Everett: You are drunk and a liar.

Robb Wolf: It's that what they've told me. There's guy in Chico that runs a very successful, mainly personal training kind of gig. He does some group classes. But it's quite different than what we do North Cal. Like it's more body building oriented. People will come in and lift some weights. And then they all do, you know, an hour and a half of cardio and stuff like that.

And he's really good at getting people motivated with goals. Typically more aesthetics based goals. And he has some amazing before and after examples, but the thing that I see within that scene is that he has shockingly high reset of history. Like, people will get in, they get fired up, they kind of like signed on for like a three month, you know, transformation kind of gig. They go high carb low fat, calorie restricts to count calories. Lots of cardio, lift some weights. They come out the backside and looking amazing and then it's like hookers in cocaine for, you know, four months.

So his scene is kind of built on this kind of revolving door of very – I don't want to say severe, very significant change in body composition and a very focused punctuated goal and then people are gone. And then they roll back in and they feel bad, because they don't look anywhere near as good as their previous best and stuff like that.

And I think to some degree that's why I've been a little bit easier or more lax on the super focused goal, instead of it just being a little bit – a little bit more experiential, but, you know, than doing the stuff like Gregg just alluded to. But just trying to make it something that you're going to do for your life, you know, find stuff that you want to do for your life. And not that every single thing that you do, like, if you want to go try some

Thai boxing, or do some jits or, you know, do whatever it's not the Geoff that marry that thing and do it forever.

But, you know, finding stuff that you kind of like. And then say, "Oh, I'm getting – this seems cool." I mean, I really like this I want to kind of – kind of go deep on it. And in that regard – and then you start dropping into like incremental short goals. I'm going to, you know, like for me my goal is to hit at least three Brazilian Jujitsu classes a week, by hook or by crook.

If I only get two, then I really, really, really try to watch some Brazilian Jujitsu video, while I'm eating and stuff like that, just so I'm thinking about it.

So I've made some goals to make some progress in that area. And then I set them up and I just kind of go. And a lot of that is just kind of showing up and doing the things that you need to do versus like the end goal of like I'm going to be black belt some day. It's just kind of like how do you get to that end stage while you show up? How often do you show up as much as this reasonable given your schedule and stuff? So that would just something that popped into my head.

**[0:40:07]**

Gregg Everett: Cool.

Robb Wolf: Probably could be edited out and we would have not any lost in substantial content, but – oh, well...

Gregg Everett: And that could be said about 90 percent of what I say at least. So let's not worry about it.

Robb Wolf: Sweet.

Gregg Everett: Oh, this next one is, is gum recession a Paleo side affect? Jen says, Rob and he quote "The ever large and in charge Gregg Everett." You guys are AH-MAZING. Thanks Jen.

Robb Wolf: Nice. Yeah.

Gregg Everett: I've listen to all the podcast twice and I've heard you guys talk a descent amount about gum recession. I've also seen several tweets on the topic. I've always had some issues with gun recession, but I've noticed that it's a lot worst since I started eating a 100 percent Paleo in July of 2011.

I take 20 milligrams of Co-Q-10 each day as Rob suggest. I use a Sonicare toothbrush very gently. I floss every day and I swish with the purple Listerine that my dentist recommended.

A few years ago I had to have some gum from the roof of my mouth grafted on my lower gums, because the root of one of my teeth was nearing exposure. I definitely do not want to have these surgeries throughout my life. I'm only 27, otherwise, super healthy and pretty dang hot with two piece.

I'm not sure why my gums have gotten so much worst since starting Paleo. Maybe reducing all the information has caused my gums to decrease in size/puffiness? That doesn't really make sense does it? Help. I want a pretty mouth.

PS. I did Google this first, so don't verbally spank me. I didn't find anything from sources that I trust, and would love to hear some opinions from you two.

Robb Wolf: I do like that people are at least living in fear of that at this point.

**[Laughter]**

**[Cross Talk]**

So it means we've created a culture of fear, yeah.

Gregg Everett: Oh, boy.

Robb Wolf: You know a couple of things pop out here. One thing Eva Tee usually listens to the podcast. So maybe...

Gregg Everett: Hi, Eva.

Robb Wolf: Hey, Eva. Congratulations on being inducted into this skiing hall of fame, which is absolutely amazing in addition to, you know, being flamer, two time Olympian and six times world champion details, details.

Gregg Everett: There's no such thing as a former Olympian.

Robb Wolf: Is it kind of like Marine? You're always Olympian?

Gregg Everett: Eva drove that into my head.

Robb Wolf: Okay. Okay.

Gregg Everett: Once you went to the Olympics, you're an Olympian.

Robb Wolf: Okay. I stand corrected.

Gregg Everett: Get it right.

Robb Wolf: Since she is Polish, she will occupy me and crush me, so.

**[Laughter]**

But the couple of things that pop out here, one is the Listerine actually, because it is actually a drying agent, and Eva had council me to ditch the Listerine type stuff and actually do biodine if I did any type of rinse, so that's the first thing that pops up there.

This second thing that pops up, I guess is just have you actually had the pockets checked and are they legitimately over siding or is this like a visual deal? I mean what type of quantifiers do we have going on here? Because I mean, the number of people that I've – and again, this is all anecdotal, but in the anecdotality there's side of the fence. So, you know, I don't know what to say. But tons and tons of people saying, "Hey, my gum recession reverse with Paleo." That's not to say that we're not going to have paradox co-responder.

But again, you know, typically if you drop inflammation this stuff tends to improve. So I would be curious about have you had this stuff legitimately measured? And if so what has been the vector, like are legitimately like the pockets is getting greater? Do we have, you know, do we have legit gum recession?

And then the other side of that is that I know when I was using Listerine that I did have some problems. And then as soon as I ditch the Listerine things, were much better.

Gregg Everett: Cool. Yeah.

Robb Wolf: That's all I've got on that.

Gregg Everett: Yeah. I don't really have anything other than, good luck with that. And you're welcome for no verbal spanking.

Robb Wolf: Yes.

Gregg Everett: let's see Jeff in Brooklyn says, dear, Rob and Gregg, first off, thank you so much for what you guys are doing. Between the podcast, website and Rob's book coupled with the awesome Paleo community. I've been able to correct my dietary ways and loose 50 pounds. I've lost 10 inches off my waist. I really get sick. I sleep great, when my one month old, let's me.

And I have great energy and I'm able to concentrate better than ever. There is one last health issue that won't go away, my high blood pressure. My BP turns around between 140 over 80 to 155 over a 100, far from the previous highs of 180 over 110, holly smokes, but far for my goal of 120 over 80 or less.

I've tried everything from increasing my magnesium supplementation, eating more potassium rich foods, cutting salt, increasing salt, quitting caffeine et cetera with no avail.

I have done some heavy Googling and all I usually find are success stories using the standard paleo diet protocol. What are your thoughts on this? Am I missing something? Should I up my activity level? I unfortunately cannot afford a gym membership. So the consistent body weight, exercises and sprints/light juggling. I am due for my annual physical, so should I ask for some specific blood work. Am I using too many commas and parenthesis in this letter?

No. That's what's punctuation is for, so, I can read it.

Robb Wolf: It actually makes it possible to read.

**[0:45:00]**

Gregg Everett: Yeah. Yeah. I'm might have lost here and I'm scared of what's going to happen long-term cardiovascularly or when I up my life insurance next. By the way do you know a way to drop my blood pressure just for the medical exam in case I can't get it down by then? Seriously, any help would be greatly appreciated. Thanks again for all your help and thanks in advance for hopefully answering my question.

Robb Wolf: You know I just – when you look at the list of supplementary it looks pretty solid and taking – it looks like he's taking 10,000 IU's of vitamin D3. One question that I would ask though, is have you had your vitamin D level checked, there was just like literally two hours ago I was – I was shifting through my – the literature that I get in my inbox. And there was a pretty well-done study comparing vitamin D supplementation with like,

you know, LAY-six and some of these, you know, water shedding drugs for dropping blood pressure and the vitamin D ended up performing really, really well relative to ACE inhibitors and stuff like that.

So I would make sure that your vitamin D levels are good. You could try a ketogenic Paleo version, because I mean, if you really, you know, low carb, low protein, higher fat, going to ketosis, that's going to drop insulin levels like crazy. You're going to die, you're slightly crazy. Your performance probably isn't going to be spectacular on that, other than in kind of low level aerobic type stuff.

But, you know, if you – if you don't have aneurism, because of the high blood pressure that might be a good thing. So I mean, ketogenic diet definitely can peel water out of the person. And therefore drop insulin levels, and aldosterone, and the routine sodium and all that sort of jive.

And then I've noticed that in a lot of people if their – if their blood pressure – you can have blood pressure elevations – backing up again. The things that influence blood pressure are fluid volume and the vascular bed tonicity.

And so, you know, if you're addressing all the vascular, you know, the fluid volume from like the dietary side, vitamin D and all that stuff, then the other side to consider is like the just neurological tonicity. And if one were to get their hands on like 5 milligrams of valium, and they took that, and they took their blood pressure and the blood pressure was much lower, then you would know that there is kind of a neuron element to this. Like, literally just kind of like a stress element.

And then I think we've mentioned in some of the past podcast, it's like some bio feedback can be really, really powerful in that regard, so.

Gregg Everett: Yeah.

Robb Wolf: There you have it.

Gregg Everett: Do you want to give him any tricks for trying to lower the blood pressure for a test?

Robb Wolf: Oh, I just did.

Gregg Everett: Well, the bio feedback? Can you be more specific?

Robb Wolf: The valium.



**[Laughter]**

Gregg Everett: All right.

Robb Wolf: I'm trying not to practice too much medicine without a license. So – but – I mean, it's just...

Gregg Everett: I mean, what about just getting him to control his breathing a little bit and simple things like that.

Robb Wolf: Yeah. I mean and that – like there is some really good biofeedback things you can get from iPhone or you're android. And so, those are some simple things that you can do that will literally give you almost immediate feedback as to whether or not you can badge that stuff down.

Gregg Everett: Yeah. You should be able to get a descent drop in blood pressure if you can slow your breathing way down.

Robb Wolf: Yeah. Yeah. You start ramping up that parasympathetic side of things. And you should get some – some, you know, vascular relaxation in the – yeah, yeah.

Gregg Everett: Just relax man.

Robb Wolf: Dude, chill.

Gregg Everett: All right. Sergeant Ayala says, hello first off, I would like to say thank you for reading this email and also for providing the world with such a wonderful education on nutrition. I've been eating Paleo since 2011 and would without a doubt or – and without a doubt it has changed my life. I even have my soldiers on it.

I guess my question is, with all the fitness systems out there and all the controversy that surrounds each one of them, which would be ideal for the war fighter? My platoon Sergeant and I are looking for a fitness system that will replace the army fitness program that has a really good job by creating injuries.

My soldiers and I have used conventional training methods and never really achieved good results. People say, Gym Jones is the answer, then another says CrossFit, still others say it's Stew Smith programs are best.

I'm a pretty stubborn or I'm pretty stubborn to change. So if I do change I want to know I'm not wasting my time. Thank you again for your time and patients.

Robb Wolf:

Gosh, you know, when I look – when you breakdown most military performance, particularly – like we've been doing a lot more work the especial operations community, which is a little bit different than say like standard infantry and stuff like that. But it's interesting a ton of the preparatory stuff – we back up again.

[0:50:00]

There's a difference – there's a – within the military, and police and fire, there's a need for selection processes. So like when somebody goes through buds or they go through different, you know, like ranger school or whatever, there's bunch of stuff that they go through, a long runs, long swings, no sleep all that sort of stuff. That is part of a selection process to see what type of mental toughness the person has.

What happens when the person finally does come on stitched? And, you know, there's all these kind of rubrics with that. It's a horrible stuff, but it's also critical, so that, you know, you have the right type of people in the right types of things. But what I find often times is that people in the military and the leadership has kind of mistaken selection processes for being beneficial for general preparation, which I don't really agree with.

When we look at the needs of most military personnel, you aren't running for miles at a time. You aren't even humping a rack sack for miles and miles at a time. Now, some people who are especial operators, they – they are. This is a different story and this is where you need to be like, you know, pulling your rack sack around and getting work hard into that stuff. But when you look at the bulk of the demands that people have, they need to be strong enough to haul a lot of gear. They need more anaerobic type activity than they do – oh, specifically aerobic activity, although, the aerobic activity that they need, probably needs to be more specific, to be being laden with body armor, rack sacks and all the rest to that and able to move over uneven terrain for long distances potentially and or move from points of cover very quickly and morbidly.

And I don't see the bulk of the training that folks are doing looking anything that remotely like that. It doesn't look at all like what the daily preparation is. You get a bunch of long runs, you get a ton of pushups, sit ups, maybe some pull-ups, some flatter kicks and then somehow all of that long grinding low level activity is supposed to then translate into

carrying a rack sack that maybe like 75 or a 100 pounds. And like there is no preparation that is protecting the low back. We have like tons of low back injuries. We have tons of – knee and ankle problems, because we're not really loading people in a super, you know, above the levels of their work with squatting and dead lifting. And some smart use of ballistic movements like catapell dumbbell swings. Maybe like power clean or something as it's properly coached.

And so, I, you know, my gut sense is something that looks a hell of a lot more like what John Welborn does with the power athlete CrossFit football kind of gig, which is some heavy lifting, some short change of direction type sprints, so that we build athleticism.

And then probably one lone effort, maybe two long, you know – one long effort a week, probably with the rack sack. And then maybe inner volume type stuff, with your kit – that is situational. So you're moving from point to cover to point to cover stand up sit down and crawl, I mean, that toward the stuff.

And, you know, 5, 10, 15 maybe as far as 30 yard increments, but more on like the scrumle, you know, five to ten yard cuts going from point to cover and you've got all your gear on and stuff like that. And needing to cover chunk of ground under a certain period of time.

And to me when you look at the work demands of war fighting, that looks a hell of a lot more like what we need.

So you've got some – not surprisingly, we have some general physical preparedness that we do in the gym. And then we have some sports specific stuff that we're doing, it is sport being in quotations. I – when I do my talks I always call this folk's warrior athletes, because I see the work demands being inseparable from what we would see with high level professional athletes.

So – but, you know, again, if we look at an MMA fighter, or a wrestler or even like a 10,000 meters swimmer, the demands of their job are very, very different and the GPP that they need and the SPP that they need are very, very different.

So I think it's being clear about what the needs of the person are. And then, you know, understanding the inadequate general base that develops people and makes them ready to go out and do the task that they need to do. That couple with an understanding of how do we do sports specific training or task specific training and just being really

specific about that and, you know, like I think that Gym Jones stuff is good, Stew Smith has some good stuff, but I really like what Welborn does. Or that – that templant of a sprinting, lifting and then catches your GPP. But then also having rolled into that, your SPP stuff where you're wearing your kit, you're covering ground, you do on situational type of stuff, that seems like a really good combo to me.

**[0:55:03]**

Gregg Everett: I like it. I agree whole heartedly.

Robb Wolf: Sweet.

Gregg Everett: All right. Well, let's wrap this up with one more question.

Robb Wolf: Awesome.

Gregg Everett: And it is antidepressants and anti-anxiety medications. The anti-paleo for depression and anxiety. Will says, Rob and Gregg, I'm a big fan of the podcast and all the work both of you guys do. I'm relatively new to the whole Paleo scene. Basically been following a streak for a little over a month now.

I have a few generic questions regarding the use of antidepressants SSRI's and or anti-anxiety medications and possible – excuse me possible implications on blunting the benefits of a strict Paleo diet. I'm 26 and I was recently put on a low dose SSRI (Zoloft) as well as Wellbutrin for anxiety. Though, my question pertains to all antidepressant and anti-anxiety medications.

I have been reading a lot of mixed reviews on the Internet dealing with the downsides of SSRI's, specifically, their negative effects on cortisol and more generally their overall impact on the adrenal system. I have read multiple articles claiming that single doses just taking one pill, one time and never taking it ever again, of an SSRI can double your cortisol levels.

Another article argued that SSRI's could mask the indicators of adrenal fatigue, which could in fact be the source of one's anxiety and/or depression. Finally, I have read that these medications can be bad for the gut and prevent it from fully healing. A lot of these points I have read in Chris Kresser's works and I know he is adamantly against taking antidepressants.

So my questions, do Antidepressants and antianxiety medications impact cortisol levels, adrenal glands, irritate the gut, and/or cause any other paleo blunting (general health) results?

If healing the gut and regulating components of one's endocrine system is vital to good health can a person on SSRI's and other antianxiety medications still achieve the full benefits of a paleo diet or can optimal results only be achieved once the medications are stopped?

Finally, if the antidepressants and antianxiety medications do have a negative impact on achieving optimal results from paleo, is it a trade off worth making? For example, if I have rough anxiety and or depression that causes fatigue as well as puts me in a constant state of stress, is it worth taking medications to mitigate those stressors?

Basically, I could function without the medications though likely in a much more heightened state of stress, due to my anxiety, which would likely create cortisol/insulin issues anyways.

If SSRI's are as bad as I have read I am stuck in a bit of a Catch 22 here. Either I'll get elevated cortisol from antianxiety meds or I'll get it from not taking the meds. Should I stick with the meds or should I try to kick the medication, safely. And focus only on using paleo and supplements to help with my anxiety? If so, what supplements should I use?

Thanks for all the help, keep up the good work.

Robb Wolf: Holly cat.

Gregg Everett: Yeah. It's really hard to say, antianxiety meds over, and over, and over and over again.

Robb Wolf: Like, 50 times. So do antidepressants, antianxiety medications impact cortisol levels, mask the adrenal glands?

Yeah. I think they totally do. That – when – God I forget when it was. I was having some conversation with – oh, man, it was a long, long time ago with doc that was at the University of Washington Medical Center and they have kind of an integrated health scene there.

And they were – they were talking about the use of antidepressants and that, you know, it's comparatively bangle, it will get people back into doing their day-to-day, you know, life functions. And I kind of made the point I'm like, but aren't you just kind of masking this stuff that they have

going on? And just kind of facilitating them continuing to do the things that are causing problems and she was kind of thinking about it. And she's like actually that's kind of true in a way.

But then, you know, you never really know the individuals life situation. Like, or is somebody caretaking a dying parent and with, you know, without some sort of support, like, this is going to be the last freaking straw.

And so, this is, you know, the short answer with this is I think you're concerned with these things or fairly valid, but as to whether or not it's a viable cost benefit analysis, nobody canoe other than you and your doc. I mean, you need to as clearly as you can look at what your situation is and what you're contending with. And, you know, are the things in your life that you're dealing with – can they be modified to a degree that – that it's not like you said, causing other affects in the rest of your life.

There are some people that have such severe depression or anxiety, because of like childhood trauma, or PTST or whatever, that without an intervention like they stay literally in this neurological loop, and they can never breakout, and they can never make progress in the counseling and stuff like that. And that's really bad news.

[0:59:55]

But then when you're looking to the literature on antidepressants there is a not insignificant rate of suicide and stuff like that with people who taking antidepressants.

When you watch like all the TV commercial is talking about antidepressants, you have butterflies flying around and everybody is happen. And then it's like, side effects includes death, suicide in general may have, you know, so.

Gregg Everett: Yeah. It's always great to hear that one of the most common side effects of antidepressants is depression, suicidal thoughts. What?

Robb Wolf: Yeah. Yeah. And so, I mean, there's definitely – I'm in this I think maybe not unique spot, but I'm in a little of a different spot, maybe because of the pharmacology biochemistry background or whatever. But I'd like to look into our pharmacopeia and use that stuff when it makes sense. And not throw my hands up and say, "Well, we're, you know, because we're, you know, it not natural, then that's a problem and stuff like that."

But, you know, like in this situation, I would be way more interested before going on antidepressants. I would be really interested to know what are your vitamin D levels? What is the photo exposure you're getting on a day-to-day basis? What are your testosterone levels?

I would go out on limb and probably say that – I would be surprised if you didn't have low testosterone levels. Now, may, you know, maybe, you know, 400 to 500 or something like that, 300 to 400 somewhere in there? And if you do that may fall into the normal bell-curve, but I can guarantee you, you are not going to feel normal on that protocol, like, you're just not.

Is that due to sleep? Is that due to indigenous biotoxins or competing with testosterone production? I don't know. But I do know that you don't have (Zoloft) deficiency. You don't have Prozac deficiency. You might have a testosterone deficiency, or vitamin D deficiency or something like that.

And for me it just – and this is – this is an interesting thing. It is shockingly controversial within mainstream medicine to look at trying to optimize hormonal levels as a means of dealing with disease, relative to simply throwing a bunch of different drugs, which treats symptomology.

And treating symptomology with drugs that have highly suspected side effects, you know, like, death and depression, you know, in the case of these things. Is okay, docs are okay, with that generally, but it's very, very controversial to suggest well, maybe this person should have some DHEA plus a remedy or maybe even some testosterone cream to try to get their indigenous testosterone levels up and that deals with the depression.

To me that seems much more natural, much more biodynamic and often times addresses things much more, you know, if you've got elevated cortisol levels, then you probably have a pregnaneolone issue. And if you have a pregnaneolone issue, then the testosterone levels are low, so that, you know, there is this whole feedback, well, would it be good to figure out what is going on with all that stuff?

Absolutely and typically a paleo diet, plus good vitamin D, plus, you know, stress modulation and everything is going to be important. I can tell you this, when I lived in Seattle, like I lived there for six years and that was 5 years, 11 months and 29 days to fucking long.

Gregg Everett:

Yeah.

Robb Wolf: I love the city, it's amazing people, it's good food and the lack of sun there, like, it was just a horrible idea on my part. And even Chico – you guys have heard me joke about like the Kurt Cobain deal, she go ahead chunks the time where it's really cloudy and over casting like, I would just get squirrely as hell.

Reno is much, much more sunny, but even the past couple of days, we've had a couple of days where it was like solid morning to night overcast and I'm not a happy camper on those days. The sun is coming out right now and I'm way better.

So there's a lot of environmental stuff that I think you can tinker with it, can improve this stuff. So it – I don't know that I answered any of these questions specifically, but I think there's a way bigger picture here and I would like to see doctors looking at this more from a holistic integrative level, considering hormone and levels and stuff like that, beyond just cortisol first versus just simply throwing people on antidepressants.

But with the caveat that there are absolutely people that their life situation is such that it is holly appropriate to be using SSRI's or antianxiety meds. And you just need to be educated and kind of play a little bit about a selective gamble on that stuff.

Gregg Everett: Yeah. I have no business really adding to any of that. But I definitely would – would agree with the fact that sometimes it's certainly a necessity. And ideally in those cases it's a temporary situation. And, you know, you can – there's certainly a lot that it can be done to work through the causes of the problems...

**[1:05:02]**

...whether they're physical or psychological to get to a point where you may need less or no medication. So I think that should always be the end goal.

Gregg Everett: Yeah. Yeah.

Robb Wolf: All right. Well, I hate on such a depressing note. Thanks Chris.

Gregg Everett: **[Laughter]** seriously, buzz killerama. No, no.

Robb Wolf: Gees. It's complex stuff, it is definitely is. But I know for myself that, you know, spending less time inside, like I've really been partitioning my life. And like I worked from basically 6:00 am till about noon doing internet



related stuff and then I'm done. And I try to be outside, sun on my skin as much as I possibly can. And I get a good six hours in. And then usually in the evening I come back in and do another couple of hour of work. So I've got like a good eight to nine hours a day that I'm doing some dedicated work.

But I try to break that up and get some sun. And definitely my life is better like I feel better more a peace, more focused all that stuff.

Gregg Everett: Living the dream out there in Reno.

Robb Wolf: Indeed, indeed. Brafle is only a short drive away. So it's awesome.

Gregg Everett: Excellent.

Robb Wolf: Yes.

Gregg Everett: Cool.

Robb Wolf: All right gee. Thanks man. Two on the books, maybe we'll have wolf cub here somewhere in the mix what we will reunite in here in a couple of weeks.

Gregg Everett: Excellent.

Robb Wolf: Awesome man. Thanks, I will talk to you soon.

Gregg Everett: All right. You beat, see you.

Robb Wolf: Bye.

**[1:06:54] End of Audio**