

# Paleo Solution - 157

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Robb Wolf: Hey, folks. Robb Wolf here. Episode 157 of the Paleo Solution podcast. Greg Everett is in the house. Dude, what's going on?

Greg Everett: Not much. Just getting ready to podcast the shit out of this podcast.

Robb Wolf: Sweet.

Greg Everett: Yeah. So how are you feeling?

Robb Wolf: Super good. I've been up since 3 am so this is gonna be a good time we did some sort of a video deal similar to e-time, if anybody's ever tried that down, but a little bit more professionally done. We didn't almost get arrested in the store. Especially health is gonna have that up for free on their website here in a couple of weeks, did a couple of podcasts with some other cats wanting to pick my brain on Paleo related stuff for some darn reason. Then you were waiting in the wings for us to knock out the beginning of Year 4.

Greg Everett: So Year 4...

Robb Wolf: Year 3. We're flushing out. Year 3. I guess we just started Year 3.

Greg Everett: No. We just finished Year 3.

Robb Wolf: Did we finished with it?

Greg Everett: Yeah.

Robb Wolf: Okay, that makes sense.

Greg Everett: We're starting Year 4. Either way...

Robb Wolf: So what's new with you?

Greg Everett: Not much. Doing a little practice weight-lifting meet here for the team in preparation for American Open tomorrow, been hanging out with my buddy Mike in San Diego the last couple of days doing a little training, doing some t-bar rows. That's pretty much it.

Robb Wolf: I haven't done t-bar rows in ages.

[Cross-talk]

Greg Everett: Gold's Gym in high school.

Robb Wolf: Seriously?

Greg Everett: So I'm pretty much gonna be t-bar rowing about 300 reps a day in the next couple of months 'til I get sick of it.

Robb Wolf: Sweet.

Greg Everett: Yup. Fantastic.

Robb Wolf: Those were always cool because even if you were a skinny puke, you could load up a ton of weight on it and look like you were kind of jacked.

Greg Everett: Exactly. Oh dude I leg pressed like 12 plates, bro. That's at a 45 degree angle and very well-lubricated.

Robb Wolf: Yeah, details.

Greg Everett: All tight.

Robb Wolf: Should we get down and do a coupon of Whole Foods? Show sponsor. Of wholefoods.com. Go get some chow. We've got a grass-fed whey protein for sale. Snacks galore, jerky, cookies, almond meal cookies, it's all amazing. Wolf pack 12, I think still gets you a 15% discount. If it expired by now I don't know. They never tell me these things. We have another show sponsor here in a couple of weeks. We'll roll that one out here soon.

How's your book doing? How's Takano selling?

Greg Everett: Good. It's doing well. So far it's on schedule so we should have that thing by the release date of December 1st. All the reviewers who have gotten pre-released copies have really liked it so I'm looking forward to it.

Robb Wolf: Sweet. Then remind people about your e-book that has an ungodly amount of programming in it.

Greg Everett: Oh yeah. We just put out the Catalyst Athletics Book of Programs, which is this little e-book collection of training cycles. I think there's 20 of them in there. That's probably about 5 or 6 years' worth of training cycles right there. You never have to think again. It's \$10.

Robb Wolf: Ten skinny dollars. And since people have an attention span of about five days, then that really is a lifetime of training?

Greg Everett: It is. Absolutely.

Robb Wolf: Perfect.

Greg Everett: All right. Let's talk about pancreatitis and the aftermath of. Okay. Jordan says, "Hi Robb. I love to hear your thoughts on a few questions I have about recovering from an acute pancreatitis attack. Most conventional information out there states that a low fat diet is the way to recover – that a pure liquid diet is recommended for the immediate days after the incident. And then to slowly introduce rice, whole grains, etc. and then eventually move on to a vegetarian/vegan diet with an emphasis on no red meat, no bacon, pork, etc."

Yes that would be vegetarian.

"I'm sort of had a loss on direction to go. I've read your horror stories about following different diets including vegetarian, and have seen the Paleo results work. However, I understand that when the pancreas has been compromised, things may have to be done differently. I understand how a low fat diet contributes to recovery as the pancreas doesn't work as hard, but at the same time eating inflammatory food such as rice and grains certainly can't help either. I really love your opinion or any knowledge you'd have care to share." Smiley face.

**[0:05:00]**

Robb Wolf: I think the clear answer to this is a 12 block zone diet and that wolf...

Greg Everett: With Big Macs and Coors Light?

Robb Wolf: Exactly.

Greg Everett: And then a few almonds to balance it out.

Robb Wolf: Exactly. I had some research that I could throw out here to support this stuff but this is Robb's opinion based on the research that I've dug around so take that for what it's worth.

But in my opinion, it really seems like pancreatitis flares seem to be heavily tightened with gluten consumption. That's just a thing to keep in mind. Then the other part of this is that hopefully – I guess I don't say it enough, need to say it more, I'm really macronutrient agnostic on this stuff – if you feel like for a particular situation you would do better on higher fat or lower fat, you can easily modify things to work that way.

You could consume a low protein, low fat, higher carb Paleo interpretation and that would be completely kosher and it might be 100% the appropriate thing for you to do for recovery after a pancreatitis flare.

Inferring from the way that you've worded things, the way that Jordan worded this stuff and I'm assuming Jordan is a she, if you're a he, I'm sorry, I'm sure I'll mess something up later. Will balance out in a cosmic balance sheet – but I'm assuming that you're not grain free. And other than some bacterial infection like food poisoning type things can also cause a pancreatitis flare. But I really think that it's probably a gluten exposure or something like that that probably causes things.

So it seems smart if she probably at a minimum go gluten free – I would say probably grain free – follow the rest of the parameters that the docs are laying out here and then see where you go from there. Like if the pancreas is not inflamed from whatever is irritating it, then you should have normal function and you should be able to eat a little higher fat and not have a problem with that. But if that's not the case, you can always modify the fat lower. But I still see a pretty strong argument for removing these foods that really seem like they are problematic with pancreatitis flares.

Greg Everett:

All right. Like it. Okay. Do body types determine diet and exercise? Andrew says, "Hey, guys. Love the podcasts and appreciate your commitment to providing quality information for free." I don't know how you got that impression there, Andrew. See, I can't even get your name right.

"My question is about body types. I only recently learned about the whole ecto-, endo-, mesomorph thing. I know I'm slow. I'm wondering what the implications are for how these different body types should approach their diet and training? What changes, if any, are there between the three?"

"I'm a 33-year old male, 6' and in the last three years have gone from 165 kg to 115 kg through training BJJ and a variety of supplemental strength and conditioning. I've been doing the Paleo thing for the last 6 months and have certainly seen the benefits - dropping the most weight and getting fitter and faster for jujitsu like never before.

I was wondering what I can take into account to take care of that last 10 to 15 kgs. Sorry for the long question. I hope you haven't covered this topic before. If you use my question in the podcast, can you let me know, please – as I'm starting at the beginning, I'm only up to

episode 22. See, I told you I love your podcast. Much love from Australia.”

Andrew, I’m letting you know right now we’re using your question. We’ll see you actually in 130 episodes.

Robb Wolf: I’m going to email Squatchy so that he can ping this guy and let him know. What are your thoughts on that meso-, endo-, ectomorph gig?

Greg Everett: Well, basically if you’re an ectomorph, you can pretty much eat whatever you want and nothing’s gonna change. If you’re a mesomorph you can pretty much eat whatever you want and you’re still you’re gonna be big and jacked. And if you’re an endomorph, you’re probably always gonna be a little bit chubby no matter what you do.

Maybe that’s my really cynical perspective on the whole thing but that would be my really broad strokes opinion on that deal. I guess I would say that maybe the way you had change is that – I’m assuming this guy is saying that he is an endomorph because he was 165 kilos, which is a big boy, he’s probably gonna have to tighten up the belt quite a bit more than his ecto- and meso- counterparts.

**[0:10:00]**

Greg Everett: And he may have to be a lot more cautious with the carbs and even food timing and liquid food and all these different things that these other guys might be able to get away with a little more freely. But Robb, you’re the expert. You tell me.

Robb Wolf: I was hoping you’re gonna save me on this.

Greg Everett: Oh well I tried.

Robb Wolf: But I agree. I actually really really like that answer. I was trying to think if there was something bogus to this. But I think about some of the classic mesomorphs that I’ve run across like John Fragoso and folks like that

Greg Everett: He could live on Twinkies and he would still look like that.

Robb Wolf: He has. He’s eaten horribly and he’s like super strong, super jacked. He truly well and he got stronger and more jacked. But in the spectrum of things, I think I run a little on the ecto-, endo- thing so I get the double ugly stick slap on all that stuff.

Definitely for me, particularly over the past couple of years with stress and sleep deprivation and everything, I just need to watch things way more closely. I feel like in some other people who were kind of classic mesomorph.

It sounds like Gregg said that you're probably in this kind of endomorph kind of gig and you might need to do a little more cardio if you're not getting enough sleep. That could be an issue. It's kind of just take all of the standard things that we're thinking about with body composition, activity level, sleep, carbohydrate intake, any type of pro-inflammatory situation. You're just gonna have to look even more closely at that and probably even tighter to get stuff to a lower level or you just go on enough gear so that you end up creating a mesomorphic type hormonal environment then everything's cool.

Greg Everett: Aftermarket mesomorph.

Robb Wolf: Exactly.

Greg Everett: Okay. I don't even know where to begin on this one. So Robb you're gonna have to save me on it. Oh, it's addressed to you. Perfect. It's Squatting below 90. Bad for the knee joint.

Robb says, "Hi, guys. Thanks for what you do." Oh, damn it. It's not addressed to you. That's his name. "I travel for work throughout Northern California and have all the time in the world to listen to your podcast. I enjoy listening and learning. Thanks to you I have been following a Paleo lifestyle for the last two years and I have lost 30 lbs. I look, feel and perform way better than ever before in my life.

"This is from somebody who lives in Tahoe and gets to ski a 100+ days a year the same with my bikes. Also, I'm an avid cross-fitter at cross-fit avalanche in Tahoe Vista, California. Coaches Travis and Myles are great and their programming is not what I've heard referred to as a "dick measuring contest." That would result in a lot of law suits, I'm sure. "Unfortunately I suffered a bad fall while riding my mountain bike on August 1st and have recently had ACL reconstruction surgery and major repair to both my meniscuses."

This guy, he does each version on this thing. It's pretty good.

While I'm going through the rehab process I've had the "opportunity" to listen and learn from my surgeon, physical therapist, chiropractor and acupuncturist. My question regards squatting below 90 degrees.

My question regards squatting below 90 degrees. My PT says it's tough on the knee and menisci and the joint really isn't built for that-

let alone while heavily weighted. He even goes so far as to say that very few walks of life require squats that deep – just serious weight lifters and baseball catchers. I asked my surgeon the same question. His response was something along the lines of risk vs reward. In other words, you can go below 90 and the knee/menisci can handle it but years of deep squats will take their toll.

So what gives? Is squatting below 90 degrees more of a competition standard or is it good for the knee? I've never had knee issues before, have a decent back squat at 315 pounds and "enjoy" pistols. Are these movements in my past or can I look forward to getting back to my normal routine?

Again, thanks for what you do, Rob

Robb Wolf: Greg. What do you think?

Greg Everett: I knew you were gonna say that. This is one of the discussions that is never gonna go away. No one's ever gonna have the right answer. We're gonna be talking about this till we're 4000 years old and can't squat below 90.

Obviously, the ACL reconstruction makes this a whole different story for you personally and that's something you're gonna have to definitely work through with your surgeon, with your PT, with your chiro, possibly even your acupuncturist. I'm not sure what he's gonna contribute to the knee thing. But I'm not as open-minded as Robb when it comes to orthopaedic acupuncture.

Robb Wolf: He's gonna contribute at needles.

Greg Everett: So I don't think that there's anything inherently wrong with squatting below 90 degrees.

**[0:15:00]**

Greg Everett: And to hear someone say that that's not what that joint is meant for, what do you mean? What else is it meant for if not to bend? If it was not meant to bend that far, then it wouldn't bend that far and maybe I'm just stupid and simple and I don't understand this advanced concepts of physical therapy and not using your joints through their full ranges of motion. But that just seems fundamentally like nonsense to me.

The issue is, are you doing it with this function or not? And so that's the big problem is that you talk to an orthopaedic surgeon about it whether not squatting is bad for knee, of course they're gonna say yes

because look at their patients, all their patients have fudged themselves up doing squats. You look at that and you say, squats must be really bad for the knees. But they don't get to see all the people who squat multiple times a week, very heavy, for years and years and years. Not decades and have no problems at all coz they're not in their offices.

So I think again you have to say that squatting as a whole is a safe movement, but you have to consider the caveat that that means you have the requisite mobility, you have the proper muscular development to support that movement. You have proper programming to ensure that you are progressing over time, you're building not breaking down and that you're not an idiot and you're not working through horrible pain and dysfunction for years at a time. Because in that case, you are gonna be grinding down your knees and hurting yourself and probably blowing out your hip, your back, your ankles and your neck and your shoulders in addition.

I don't know what to tell this guy honestly other than make sure you consult with your various medical professionals and be smart about it. But I would definitely not write off squatting for the rest of your life.

Robb Wolf:

Especially when you've got a person who's active and probably not going to cease being active. And it seems like if there's any situation in which a joint or structure is gonna get damaged, it's when we wantonly ignore a certain range of movement. And then at some point down the road and particularly, if we got a skier/mountain biker, when could we potentially imagine some sort of dynamic loading past 90 degrees.

If we've never done that, what type of neurological stability do we have? What type of muscular and joint stability do we have? It seems like there should be some reasonable loading protocol, again, like Gregg said, within the confines of smart prehab/rehab and everything but we should be able to get things strong and rewired so that this thing is immunized and maybe a little bit bullet proof instead of just leaving a gaping hole in the armor.

Let's say, maybe he's classically done more of an oldie style squat that maybe puts a little more force on the patella, tendon and stuff like that. He can also shift the emphasis a little bit more on the glute and hamstrings, pushing the hips back a little bit more but still go full range or relatively full range of movement but also just change the loading a little bit.

Greg Everett:

Yeah, definitely. There's always ways to work around it and modify it in a manner that would be maximally protective and minimally

damaging. But Mike over here just made a good point, scribbled on a piece of paper, and said, "Skiing is gonna be way worse than squatting below 90."

That does bring up an interesting point about squatting in particular to those at so many of these docs and PTs are saying squat only to parallel to 90. Anyone who's gotten in trouble and had to do wall sits at 90 degrees, man, if you don't get that that's probably the worst possible position to arrest to that downward force and change directions then I don't know if we can help you.

I think, and don't quote me on this coz I don't really follow the research that closely but I think it's pretty common knowledge that that's the position which there is the most stress on the knee. I think the force on the patella, tendon and all that are the highest and Mike's kind of nodding his head and so I think that's probably about right. The idea is that going below parallel you actually get a little more contribution from the posterior chain, changing direction. You can actually absorb that force a little better rather than having so much strain in that one location that you're actually trying to protect.

**[0:20:10]**

So, again, this is one of those discussions that no one's ever gonna win. I'm gonna continue squatting all the way down.

We do the seminar in here, weight lifting seminar, of course. Couple of weeks ago, I had a girl with no ACL's, squatting. Granted, she wouldn't sit to absolute rock bottom. She is below parallel, and she's perfectly fine. She loved it, and that's how she's been squatting, that how she plans to continue squatting.

So again, it's a decision you have make for yourself and you gotta make it. Make as educated as a decision as you can and continue re-evaluating through the months and years, but don't write it off completely yet.

Robb Wolf:

It just seems kinda goofy that you wouldn't develop an air squat, maybe some walking lunges that move you through that full range of movement, and then just slowly, progressively load those movements. I'm just kind of lost that there wouldn't be both safety and some benefit in doing all that.

Greg Everett:

Yeah. It's not like you go back tomorrow and you load that 315 on the bar and do a bunch of bouncing off your calves type squats. But yeah, over the long term, you should absolutely be able to break back into that. And again, if you're gonna be going downhill skiing you're gonna

be screwing yourself up anyway, and if you're not actively strengthening the muscles around the knees then you're just asking to blow those things out.

So what have you had, like 8 or 9 knee surgeries throughout the course of her career? I mean..

Robb Wolf: Yeah.

Greg Everett: That's skiing for you.

Robb Wolf: And she's still a big fan of squatting.

Greg Everett: Exactly. I mean, look at the pro-skiers, Olympic skiers. Those guys squat their faces off, and they're strong as hell, because they have to be. There's no way they can support that stuff without that strength.

Okay, Olympic lifting and speed through the elbows. I prefer speed through the nose. [Laughter]

Robb Wolf: Or the pick-climb.

Greg Everett: Yeah, the pick-climb. That's even better! Kurt says: "Hey guys! My question is for Greg today. Robb, you've already helped me out enormously with my diet, and now I need someone to un-fuck my flexibility and technique...."

Robb Wolf: Sweet.

Greg Everett: I'll see what I can do. "My problem is this: I have a power clean of 115kg, a squat snatch of 100kg similar to a snatch but only have a squat clean of 105kg. I'm 5'9 and 85kg. I know that the main issue is, it's speed through the elbows when catching in the squat position and also that my arms don't get parallel with the ground, forcing me to kiss the ground.

My question is: I wanna look at possibly competing and that is I wanna for those of you who are curious, competing in some oly comps one day because I really enjoy it, but obviously suck at it, so what can I do to improve the flexibility and speed issues to help me out. I used to do a bit of bodybuilding and that has obviously made me a lot tighter in areas I don't want to be tight, I do CrossFit Gymnastics now days but want to mainly focus on the Oly Lifting and still incorporate some gymnastics because who doesn't love being upside down.

Any assistance you could give me would be awesome! Cheers mate!

I wonder if he's from Australia. He just called me "mate", so he should be used to being upside-down. You're in the bottom of the Earth.

Robb Wolf: Seriously!

Greg Everett: Alright! So, first of all, it's really remarkably common for people to power clean more than they can clean in the cross fit land or outside the Olympic weight lifting world largely because there are a dearth of heavy squats and a surplus of power movements and so, of course, you are going to excel at the things you practice and not the things that you don't.

So part of it, you don't mention how much you front squat, which would be helpful to know, 'cause I've seen people who power clean more than they front squat also which is a really big sign that they need to be squatting more!

So that's number one: is make sure you're pushing those squats and you should be able to front squat a minimum of about 105% of your best clean. And so, probably power clean between 80 and 90% of your best clean, kinda depending on your style and what your particular strength and weaknesses are, so you should definitely be doing more than 105.

But in any case, assuming it's not a strength problem, assuming you have a huge squat and you're fine, the flexibility maybe kind of an issue but if you can rack 115 power clean, there's no reason you can't do it in a squat, unless you're horribly inflexible in the lower body. You should still be able to support it.

So what I would tell you for now is: More squats, less power cleans, more cleans, and when you're doing your cleans, just power clean it and then squat it.

**[0:25:05]**

Because if you can power clean 10 kilos more than you can clean, you can rack all your cleans very high in a power receding position, and then just continue into that squat, which is just, in my opinion, you should be doing anyway. You never want to jump into the bottom of the squat and drop the bar on yourself, and that could be part of it too, is that you're trying to get too far under the bar, it's crashing on you, with less than perfect flexibility and possibly not-really well-developed front squat that's making it impossible for you to actually stand up with it.

Robb Wolf: Greg, could this be an over-gripping the bar deal too?

Greg Everett: Yeah, it could, which is a good point. A lot of people, when they power clean, just choke the bar all the way up. For all we know, he's not even racking it completely. He could be just pretty much just holding it up in his arms, and the little friction on the sternum in his power cleans, which means he tries to clean it and those elbows are pretty much gonna be straight down. That's not gonna work.

So, yeah, make sure you are, even with your power clean, even if you feel like you don't have to, that you are racking it a hundred percent on the shoulders. And remember your upper arms don't need to be parallel with the ground to rack a bar. I have a lifter in here, Cara, who all of her cleans she can maintain a full grip on the bar. Her elbows are practically pointing straight down, and she has a very strong rack position. I've never seen her miss a clean due to not racking it.

So, it really depends on how you're built, in particular, your relative upper arm and lower arm lengths and your flexibility and all that. The main thing is that you need to have your shoulders forward and a little bit up to create a space for that bar to rest between the peak of the shoulders and your throat. Make sure you're practicing that for all your front squats and that same front squat rack position that you're using should be where you end up when you clean and power clean.

And then, to work on actual speed, if that's what it is, speed with the elbows, doing stuff like tall cleans or high hang cleans, or cleans from high blocks, or doing a complex of a power clean plus a clean or power clean and then squat it and then a clean - all that stuff can help a lot.

You can even do muscle cleans, probably from the hang, just to practice the mechanics to make sure that you're pulling your elbows really high into the sides before you turn your arms over rather than trying to reverse curl it with your elbows at your sides. But again, this is one of those questions where you gave us about 5% of the info that we would need to totally square away your little red wagon.

So, post a video on our forum and you can get some more dialled-in feedback on this for sure.

Robb Wolf: Cool.

Greg Everett: And your thoughts on that Robb?

[Cross-talk]

Robb Wolf: No. Seriously. The main thing that popped into my head is the potential of the hands being maybe a little narrow and or over-gripping the bar. I mean, all the other stuff you mentioned, like the disparity between a power clean being greater than the front squat and so, just not being comfortable getting under the bar and stuff like that, like that'll totally make sense, but I've definitely seen folks when I think about folks getting folded forward, kinda two things.

One, like Greg said, folks over-pulling the bar, bar goes higher than what you would really want to weigh in. It crashes down, folding the person forward, or if you're gripping the bar very heavy or tightly, then it's gonna drive your elbows down and it kinda breaks that thoracic spinal position and will allow you to fold forward.

Greg Everett: Yeah. I glossed right over that part he says he's kissing the ground, which, I guess could be interpreted as falling forward, like you just kinda described. In which case, he could just have a terrible pull right off the ground. Pretty much anywhere from between the ground and when it's on shoulders he could be shifting forward or doing something improperly, and so, basically jumping in under the bar with a power clean.

There's a lot bigger margin for error there. You can kinda run around with it and you get a little weird jump forward to get under it, but with a clean, it's gonna be tougher to do. Again, it's pretty much impossible to really answer that question well without knowing exactly what's happening.

Robb Wolf: Sweet.

Greg Everett: Yeah. Okay. Russell says: "Hey Rob and Greg. I'm a 48 year old healthy male who has been Paleo with raw dairy recently. Got this for four years: lifting twice per week with full body workouts with heavier training in winter and lighter in summer. Recently, I was diagnosed with shoulder calcification..."

**[0:30:00]**

"It wasn't bad at first, thought it was a pulled muscle. Two months later, the pain was so intense with no range of movement. Saw a sports doc, got a shot, and now doing PT for a resulting frozen shoulder. Not fun to say the least. So my question: What causes this? To my knowledge, I was living the dream of health and all my friends are having a good time drinking their scotch and telling me I should have stayed on the dark side.

What gives? Should I give up and join Satan?..."[Laughter] Actually, it's join Saten. "...Will I get better to lift again? Cheers, and thanks for all your great work and humble way, present your info. Written on iPhone on a Japanese train, so I apologize for any strange wording."

[Laughter]

Robb Wolf: That's gotta be a first! First to our knowledge. My understanding of frozen shoulder is it's more of a neuro thing, neuromuscular. But nervous system is interpreting some sort of a damaged state, some sort of a weakness and it literally just kinda locks things up and so, like some ART, I think we've got a question later, actually, about different physical modalities, but soft tissue work combined with convincing the neurological system that the normal range of movement is okay is kind of the prescription here.

So, if you were eating a more inflammatory diet then I might hang some weight on that, but it sounds like you've been eating well, so I would hang most of this on some sort of a neuromuscular imbalance, maybe not enough scapula retraction work, maybe too much chinning and benching and not enough dumbbell rose, bent rose, ring rose, that sort of gig.

Again, without being able to see movement and doing a little bit of an assessment, then this stuff is kind of stabbing in the dark at best. But I would hang more of the cause as being kind of a neuromuscular gig versus systemic inflammation.

Greg Everett: Yeah. Mike says: "Go back to the ortho. Shouldn't have gotten frozen shoulder in the first place."

Robb Wolf: There you go.

Greg Everett: But, yeah. I don't have much of a background in this stuff, but my understanding of frozen shoulder is that it is neurological. It's more like a body sensing kind of a weakness, so it won't let you move. It locks down, so hopefully, the PT is addressing that directly and not just saying: "Don't use your shoulder."

Robb Wolf: Or go to Chico and wait on the three month waiting-list to get on to get into John Frago.

Greg Everett: There you go. Yikes. Okay. I can already tell I'm gonna struggle to read this. Chronic Pain, NMT, Knowledge Bombs on JRE Podcast. Daniel says: "Robb, thanks for all the awesome info. You killed it on the JRE podcast. Best one I have heard yet..." What's JRE podcast?

Robb Wolf: Joe Rogan Experience.

Greg Everett: Ah ha ha ha! That was a pretty interesting experience.

Robb Wolf: Getting high and then drinking 16 ounces of vodka?

[Laughter]

[Cross-talk]

Greg Everett: “Wondering what you think about chronic soft tissue pain. Have had the same nagging injury for over a year. Tried acupuncture, various different physio methodologies. Wondering what you think about NMT, neuromuscular as opposed to fascial manipulation and other techniques. Also, have you heard of Thomas Greener...” or Griner “...and neurosoma? Thoughts. Thanks a buuch...” [Laughter] “I appreciate all the knowledge.”

Robb Wolf: Thanks a buuch? [Laughter]

Greg Everett: Buuch, b ,u ,u, c, h.

Robb Wolf: So, I am not familiar with Griner and the nuerosoma. I did a little reading on it but I’m really hesitant to comment on modalities like this, that I haven’t really experienced myself. I’ve had huge success with ART, Active Release Technique, which addresses soft tissue mobilization, breaking up scar tissue and also, in conjunction with all this stuff, it’s moving the joint and the muscles through their normal range of movement. And so, you’re kind of tackling everything that you want all in one shot. At least so the theory goes. You’re getting the neurological re-integration ‘cause you’re moving, say like, in a pinched shoulder due to tight-pecked minor, tight-lats, tight theories and all that.

You’re moving everything through the normal range of movement, breaking up scar tissue and kinda convincing the nervous system that what you’re doing is okay, that this is safe, it doesn’t need to be overly-active or impinged to protect something.

**[0:34:53]**

I forget who I was talking to, whether it was Starett or John Fragoso, or who it was, but they were of the opinion that all of these modalities have a bell curve, like a normal distribution of efficacy. Like, certain people, it works phenomenally on them every day, all the time. You move out of standard deviation and it works on those same

people some of the time, for some things, and then other people, it never addresses or touches any of this stuff.

And you have myofascial release, which is really really popular in the chronic fatigue fibromyalgia scene because it's really gentle, and with this chronic fatigue fibromyalgia people, they're so inflamed and f'ed up if you were to do ART on them, they would be bruised and so inflamed from the treatment that they would probably not come back just because it would hurt so bad.

So, I think that there's a lot of cool stuff. There's Grastin, where they actually use these tools which it looks like they're getting ready to dismember a body with this stuff. It's this stainless steel tools that they get in there and start tinkering on things. But I think there's a lot of effective soft tissue modalities. I don't think any of them work on everybody. I think you have to get in, kind of play with it, and then see how you respond. For me, pretty hard ART works like magic. It's amazing.

Greg Everett:

Yeah. My thoughts on that stuff is that, and perhaps I'm spoiled at this point 'cause my chiro is like some kind of wizard from outer space. She's amazing. Saying that you are just a fascial manipulation person or you're just a neurosoma person or you're just an activator chiro or whatever, it's like saying you're a carpenter but you only use a hammer. I mean, if you really want to get in there, and do work on people, you've gotta have a range of skills and experience.

My chiro goes in. Yeah, she does adjustments, all that conventional kind of adjustments stuff, but she does all kinds of soft tissue manipulation and basically, it's the "use what works" sort of approach. Rather than saying: "This is my methodology. This is what I do." So maybe, that again, is expecting too much from people but information is out there and a lot of these practitioners are really, really, committed to continuing to learn and just get more, and more tools for that toolbox, and do whatever it takes to get their patients better.

Maybe that's a little idealistic but...

[Cross-talk]

Okay. Yet another Vitamin D question. Fun with Meat says: "Hello gifted gabbers/ramblers. I'm a little confused about Vitamin D after reading the following interview with Morley Robbins, AKA Magnesium Man..." and there's a link here to [monthlyspecterian.com](http://monthlyspecterian.com)

“...I’m trying to get my head around it, but I think he’s saying that the body may be keeping Vitamin D levels low to prevent excess calcium being stored around the body, something to do with calcitonin? I would love to know your thoughts on this. Vitamin D seems to have so many benefits, but it also seems strange to me that so many people have low levels, even when they’re getting sufficient sunshine. P.S. Loving the podcast down in New Zealand. I got dragged along to my first cross-fit session the other night and almost died after the warm-up. I think I’ll stick to lifting logs and our 16-month old daughter on the beach for now. Thanks heaps.” Good man.

Robb Wolf:

Good call. [Laughter] I was just in an e-mail thread with Chris Kresser, Mat Lalonde, Chris Masterjohn, Stephan Guyenet and we were talking about some poly-morphisms in calcitonin activity, Vitamin D status. It was really interesting and the take away that I got from all that and I think that Stephan Guyenet is gonna do an article on this soon, so keep your eyes open for that, but the basic take away is that there are poly-morphisms.

People who are of genetic ancestry from higher latitudes tend to have the same response with regard to Vitamin D activity, that they respond the same at lower levels.

**[0:40:01]**

If you have genetic ancestry that is more equatorial then we would see this more classic kind of hunter gatherer, Hudza, Maasai, pretty high vitamin D levels would be what we consider normal for those folks.

For people like me who are Scandinavian and Scottish, we can probably get by on lower vitamin D levels and have the same efficacy. This is some pretty new stuff for me but it definitely makes sense. It’s a reasonably new area but I like what this guy was talking about with all this stuff. I think it makes sense. It’s another example that we fortunately or unfortunately can’t just throw out a one size fits all.

Like even for me, historically, I’ve recommended it folks being that 60-70 ng/dL level. And that for even somebody of my ancestry may actually be too high, like I may be better served being more in that 40-50 level. Maybe plenty and actually pushing up into that 60-70 level could actually cause some calcium storage problems. We can continue to learn. That’s for sure.

Greg Everett:

Continue to learn and get better. Amazing.

Robb Wolf: Hopefully. You know the funny thing though – not to digress something's too much, do I even want to go into - what the hell – it's funny that there is a subset of folks out in the interwebs that if you come out, you make your best-educated statement about protein intake or vitamin D levels or whatever and your information comes along. And you're like, "Oh, I need to modify my position on this."

I remember there was a big group on Paleo hacks because I changed my position on something and some folks on there were like, "Wow, how can we really trust anything that Robb has said because he keeps changing his position on stuff." It's kind of this – damned if you do, damned if you don't. In a way, it just encourages you to just like hunker in and be like na na na na na. I'm not gonna learn anything new because you gonna get kicked in the balls no matter what you do so it's kind of ironic.

I'm sure there'll be some gnashing of teeth or backlash over the fact that I'm like well maybe we need to look a little bit more specific equatorial/latitudinal genetics. Then we can better dial in what your optimum vitamin D levels are instead of there just being just simply looking at equatorial hunter gatherers that may not be the best extrapolation that we can make for everybody.

Greg Everett: Well, anyone who doesn't understand that conceptually, you're gonna be fighting with over anything you say anyway.

Okay. Irene says, "Hi Robb, I have been an avid listener for some time and have learned a great deal from you. Thank you! I finally have a question to submit.

"My friend's daughter was recently hospitalized and diagnosed with Guillain Barre syndrome. Her daughter has difficulty breathing and has lost some function of her facial muscles. It will take intensive therapy for her to recover. The symptom is an auto-immune illness.

"I would like to recommend to my friend that she try a Paleo approach when her daughter is able to eat properly again. Would a Paleo approach be helpful to treat this sort of illness? Do you have any literature or success stories I can share with my friend which may help convince her to try it out?

"Thank you in advance for any recommendations or ideas you can provide."

Robb Wolf: You know, it was maybe 50 podcasts back, maybe more, we had a question on this. It's the same deal.

Any auto-immune condition, I think, is fair game for trying an auto-immune Paleo approach. Right after I said, maybe we need to do lower vitamin D levels in folks, interestingly, the caveat on that in talking to Chris Kresser, he has noticed that folks who have auto-immune condition, even if they're of Northern European ancestry, they seem to benefit from quite high vitamin D levels. You see a resolution, it's like the diet has helped, sleep has helped but vitamin D levels in the 60-70 ng/dL range seems to be the final piece that really pulls everything together and kind of cools the auto-immune fire.

Loren Cordain, we did a callout for folks who had been diagnosed with auto-immune disease, went Paleo and then had follow-up blood work and for either good or ill.

**[0:45:00]**

Robb Wolf:

We had a huge response to this and we've had over hundred people with verifiable blood work, pre-Paleo, known auto-immune disease, lupus, multiple sclerosis, whatever started eating auto-immune Paleo.

Subsequent blood work showed resolution of the auto-immune antibodies and the fact that the person felt a ton better. It just seems like really fair game to give it a shot because at the end of the day, we're asking folks to eat meat, fruit, veggies, good fats, something that would generally be healthy anyway. Then we might pull out the grains like legumes, dairy, nightshades perhaps, whatever the offending item or items are and we might be able to put the condition into remission.

So it seems like a reasonably safe thing to give it a shot. I did not get feedback from the person that submitted the question before so I don't know if it is of benefit for this particular condition. It'll be really interesting to get some feedback from folks if they're doing auto-immune protocols for this and whether it works or not.

Greg Everett:

All right. Okay. Extended breastfeeding and fat loss. Amazon Woman says, "Hi Greg and Robb! I have a question about the effects of extended breastfeeding and the associated hormone levels on fat loss.

"I'm a 36 year old mother of five who is 5'11, broad shouldered, with Viking ancestry." Clearly. "My youngest is 15 months old. I started eating low-carb Paleo/Primal and doing crossfit about a year ago.

"I worked my way up to 3-4 WODs plus 2 olympic lifting classes and 1-2 sprinting sessions per week and lost an initial 30 lbs. I felt great! But about 7 months ago the scale stalled out and hasn't changed since then.

"I know the scale is rather unreliable, but I really want to lose the butt-hip-thigh fat that seems to be stubbornly hanging on.

"I thought maybe I was over-doing the WODs, and since it's the olympic lifting that I really love I went down to 1 WOD a week," I fell like such a dork saying that word. I just have to say this.

Robb Wolf: Won't you just say workout?

Greg Everett: "...but left the other workouts the same. So now I have about 5 varied workouts a week. I also eliminated the several-times a week glass of wine, which I felt was the last dietary issue I had." Mike's over here laughing since we had this discussion yesterday. But I was only drinking one bottle of red wine a night.

"But still, the butt-hips-thighs remain the same. Now, I have always breastfed my babies till the ages of 2 or 3, which works for us, and this has always kept my fertility/periods away till about 2 years. I am wondering if the hormonal effects of breastfeeding that results in amenorrhea (no periods) would be enough to prevent my body from letting go of that extra fat despite my very clean diet and weight lifting?

"I am certainly not willing to wean my son so that I can look better naked, but it would be reassuring to know that it's probably hormones working against me, rather than that I'm just not doing other stuff right.

"I'd love to hear your thoughts! Amazon Woman, mama to five, ages 12-1."

Robb Wolf: Nice.

Greg Everett: Interesting order of ages there. I would have said 1-12.

Robb Wolf: Counting backwards, I guess.

Greg Everett: It's awkward.

Robb Wolf: Yeah. It's interesting I think for most women when they do a concerted effort at breastfeeding postpartum. I think that it actually accentuates fat loss because you're just burning through calories, producing the breast milk and all that sort of stuff. I'm just kind of wondering if what your baseline was before going into this. Were you quite lean before going into this?

I know for Nicky, historically, she's ran around a size 2. She's really strong, pretty muscular, just skinny legs, skinny butt, the whole deal, and then obviously she gain some weight through the process of being pregnant. It's been remarkably slow coming off. She leaned out initially, a pretty good whack, but she's several pant sizes bigger than what she would normally walk around at.

Still breastfeeding and I know initially, she was getting horrible sleep for the first probably four months and then it's gotten a little bit better now. It's interesting. As her sleep is improved, she's definitely leaned out through the belly, that kind of cortisol insulin resistant deal right under the belly button and everything. But she's quite a waist off of where she was previously.

So I wouldn't be surprised if there's some hormonal tweaking that occurs that helps keep enough of a fat mass to keep the breastfeeding a little bit more dialled in. I have heard that with multiple kids, the leaning out process can get a little bit more challenging as well.

**[0:50:00]**

Robb Wolf: It looks like this was number five so that can definitely be a little bit of an issue too. But I'm thinking about sleep, stress, all the kids...

Greg Everett: Seriously, how do you sleep with five kids in the house? You have one and it's tough. I have one and a half, a child and a dog.

Robb Wolf: Yeah, the dog is significant. Those are my thoughts. I would not see any problem with the idea that the hormonal status of breastfeeding could may be stymie that last really significant chunk of fat loss. That totally makes sense.

But I'm also wondering, what about sleep? What about stress and all that sort of jive? And what was your level that you were starting from? I'm assuming that you're trying to get back to a baseline that you were at right before this, if that was really significantly lean, then it may just take some time and post weaning to really get back to that spot.

Greg Everett: Cool. That's it.

Robb Wolf: Sweet. So what do you and Mighty Mike got hooked up for the day?

Greg Everett: I got to wrap up some programming for next week and then I was just gonna get things set up for the meet tomorrow and definitely need to get some food .

Robb Wolf: Food would be good.

Greg Everett: Feeling skinny and weak.

Robb Wolf: Story of my life.

Greg Everett: I'm feeling very ectomorphic right now.

Robb Wolf: Well, let's wrap this thing up so that we can lift weights and eat food to force all that. Bob Tacano book out, your programming ebook is out.

Greg Everett: Olympic Weightlifting for Sports, my new book is out as an ebook now also from our site. You digital folks can get that now.

Robb Wolf: Sweet.

Greg Everett: All right.

Robb Wolf: Okay. Same time next week. We'll find you somewhere around here.

Greg Everett: We'll make it work one way or the other.

Robb Wolf: Right on. Thanks, G.

Greg Everett: All right. See ya.

Robb Wolf: Bye.

**[0:52:20] End of Audio**