

## Paleo Solution - 209

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[Music playing]

Robb Wolf: Howdy folks, Robb Wolf here. Greg Everett in the house, episode 209 theoretically of the Paleo Solution podcast.

Greg Everett: I really hope it's episode 209.

Robb Wolf: It's somewhere around there. We've got a couple of interviews between now and when this thing goes up so. You know, really it's going to be whichever one it is. So Greg, what's going on post movie American Weightlifting release which was absolutely amazing, huge honor to be at that shindig. How are you doing man?

Greg Everett: I'm relieved and pretty satisfied with the feedback so I'm glad it's all over and behind me.

Robb Wolf: Nice, nice.

Greg Everett: If you were silly enough to not preorder, you can still buy it now. It's only 15 bucks for a download. I mean you can't afford to not watch the movie.

Robb Wolf: It's a good movie. You know, I clearly – well just check it out. Don't be a dick. Just buy the god damn movie, seriously. I had a very long day at jits today, long day at the specialty health office, which was really good, a really long day at jits and I'm seeing spots in front of my eyes from being tired so.

Greg Everett: Yeah.

Robb Wolf: Yeah.

Greg Everett: Yeah I almost passed out about 3 or 4 times today during my workout so I'm right there with you.

Robb Wolf: Sweet. Good times. Podcast sponsors real quick, the Performance Menu Journal of Nutrition and Athletic Excellence, you got two different buy-ins on that. You got a \$30 a year subscription that will get you all of the goodies that the Performance Menu is known for, recipes, innovative articles, humor occasionally. The \$100 buy-in gets you all the back issues,

you get 15% off in the Catalyst Athletics store. I mean come on it's 100 bucks a year kick down.

Greg Everett: It buys you being a better person.

Robb Wolf: Exactly yeah and I mean really you can't put a price on that. It could be a thousand dollars and it would still be a bargain so, you know, sack up go for that. WellFoodCo.com, Well Food Co is where you go for grass-fed gluten-free jerky. We have some almond cookies that are absolutely amazing and it can move you up a weight class pretty quickly. We have some other things that you need to check out, WellFoodCo.com.

Masa natural meats, Masa natural meats are the folks that I get my grass-fed meet from. They're former clients of ours at North Cal Strength and Conditioning. They largely bailed on their day jobs and are just raising beasts now for us to consume and supporting that whole biodynamic permaculture scene. So check those folks out. They ship anywhere in North America or excuse me not North America but just the continental United States.

Then finally FrontDeskHQ.com, man if you own a service-based business, gym, yoga studio, pilates, dog walking, guitar tuning whatever it is that you interface with folk or four footed animal or something you need to schedule them coming and going and collecting money you need to check out FrontDeskHQ.com. Bam, done.

Greg Everett: Boom, nailed it.

Robb Wolf: Maybe we should just wrap it up there.

Greg Everett: Right. [Laughs]

Robb Wolf: That's it for us.

Greg Everett: It was quite informative than everything.

Robb Wolf: It was a great podcast okay so Greg and I are going to try to – well I wouldn't say hustle through this one necessarily but we've already done this one. This is the podcast that we did and we had some recording issues and we tried to triple shrink-wrap record this thing as if you're having bareback sex in the mission district kind of protection and every once in a while something just goes haywire on us so.

Greg Everett: Yeah. I don't want say we're going to rush it. We're just going to do it as fast as possible.

Robb Wolf: Yeah. Yeah.

Greg Everett: With no concern for quality.

Robb Wolf: Exactly. Which is --

Greg Everett: Basically it's --

Robb Wolf: --pretty normal.

Greg Everett: -- standard episode recording.

Robb Wolf: Yeah. Usually, there is no quality concerns but we end up jabbering a bit so, okay.

Greg Everett: All right.

Robb Wolf: Let's talk hemochromatosis and pregnancy shall we?

Greg Everett: Do it. Suie says

Robb Wolf: Stewi?

Greg Everett: Oh goodness gracious, all right. Susie says:

"Hi Robb and Greg!

First, a little background: I recently discovered that I am a carrier for hemochromatosis. As I'm heterozygous and a woman, at 32 years old I think I've just always flown under the radar with this issue. However, my husband and I lost a pregnancy a few months ago around the 6-week mark, so I started exploring any additional protocols I could find for the iron overload issue. Currently my ferritin level is at 169. My CRP is .8, serum iron is at 96 and my iron saturation is at 34%. Also, my insulin sensitivity is on the sluggish side, no shocker there. I manage this with a moderate to low carb diet and avoid most sweeteners, paleo treats and fruit. Based on a Spectracell nutrient panel, I am not deficient in any of the major minerals. I've been grain/legume/dairy free for 2 years now thanks to you Robb, and consume copious amounts of traditional foods such as kraut, kombucha (which I cut back on when pregnant to be safe), liver, bone broth and fermented cod liver oil. I also have the Healthy Baby

Code and follow it pretty religiously. Doctors never even blink twice when they see my numbers since my ferritin is under 300 (the “traditional” model for what constitutes high ferritin) and I suspect that since they are probably used to seeing anemic women all the time, showing a high normal level of iron is probably a breath of fresh air. They don’t seem to register the genetic mutation at all. I know from Chris Kresser’s talk entitled “Iron Behaving Badly” which he presented at AHS (I believe you attended, but I’ve included the link to the article/video below for reference) that for women, a ferritin level over 142 is indicative of serious increase morbidity and mortality. Things get even trickier for me because I also have a homozygous MTHFR mutation, yikes! So much for supplementing with delicious beef liver pate.

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So now to my questions: I’ve gathered Chris’ recommendations for reduction in red meat and liver/vitamin C/cast iron and regular blood donation, your past podcast recommendations including phenolics from coffee/tea/dark chocolate and phytic acid to lower iron absorption (from episode 103 and 116 for the folks at home) and Greg’s Performance Menu article on bleeding for misanthropes, but I have been able to find ZERO information on Dr. Google about hemochromatosis during pregnancy, other than the basic premise that women tend to keep their ferritin/iron levels manageable for their reproductive years thanks to blood loss from menstruation and pregnancy. The blood loss from actual birth makes sense, but I’m curious about what this means for both mom and baby DURING the pregnancy. I understand we need a good dose of iron to create the 40% boost in blood volume that occurs during gestation, so part of me thinks that this moderate elevation will be eliminated or used up during the pregnancy and the use of that iron will act like a sort of internal phlebotomy and bring my levels down to a healthy normal while I’m pregnant. The other part of me worries that having naturally high iron levels and increased absorption/inability to excrete will result in a bigger build up of iron as my blood supply grows and will lead to gestational diabetes and oxidative stress on the pregnancy as well as my organs.” Whew, there’s more hang on.

“What are your thoughts on this issue? Generally, blood donation during pregnancy is not recommended, but in this situation is regular phlebotomy advised? What protocol do you recommend to someone trying to get pregnant and for those already pregnant with this issue? At what iron level do you think more aggressive measures should be taken? Are there any other dietary or supplement considerations that spring to mind to include or avoid (obviously coffee/tea/chocolate with caffeine need to be limited during pregnancy so that kind of limits the options

from what I've gathered thus far)? Thanks much for your time! I appreciate all that you guys do.

P.S. Hoping for another dose of Controversial Truth soon."

Robb Wolf: Holy smokes, man.

Greg Everett: Yeah.

Robb Wolf: So I had a really good answer to this last time and hopefully it's remotely as good as this. One, Suzie has seriously done her homework on this like she is about as informed and dialed as a person could get. My gut sense on this is this is a little bit like looking at LDLP, LDL particle count kind of the story. In the absence of some serious oxidative stress of seeing C-reactive protein elevated, fructosamine elevated, you know, gestational diabetes then I suspect that this isn't going to be an issue. I think it's helpful to remember that the hemochromatosis like a variety of different inherited genetic you know, we'll call them diseases because some people call them diseases, I would you know, clearly what they are is an adaptation, if this is so severe as to cause problems during pregnancy then this genetic makeup isn't going to be passed along.

So you know, clearly all the usual exculpatory clauses like you need to run this by your doctor blah, blah, blah all that stuff. But my gut sense is that this isn't going to be that big of an issue. I think that you're doing some due diligence in using some of the phenolic containing items when you consume iron containing foods. People do in fact bank blood during pregnancy if they are at a higher risk of bleeding or a high risk of complications so women will bank some blood during pregnancy and you could certainly run it by your doc and see if doing a little bit of blood donation would be out of the completely crazy given what your situation is.

But my gut sense is given everything that you're doing, given the fact that this is actually was a beneficial adaptation in the past that that beneficial adaptation for a nutrient poor agricultural environments which is really what hemochromatosis is kind of an outgrowth of that can't be such a stressor that we start seeing really limited or impacted reproduction. So my gut sense is that you know, just based off kind of evolutionary theory that you're probably going to be pretty good to go. If you want to try some things like donating a little bit of blood you know, along the way run it by your doc and see what he or she says and that also doesn't seem like it would be a totally crazy thing to do.

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Probably the second trimester is when you would be a little bit more aggressive with that because I think you tend to have a little bit more energy at that time. If we were to do this during like your low ebb periods and then do some blood donation that could probably be a little bit of an ass kicker but women vary on that from person to person so that's pretty much what I have on that.

Greg Everett: Cool. All right. In your opinion, what are the most compelling arguments against paleo? Mike says:

"Hi Robb, Greg, and Squatchy.

First off, a sincere thank you for everything that you do. I've been paleo now for a good three years. My asthma has nearly disappeared, my eczema is gone, and cats don't make my eyes water. At 27, I know I'm still a youngin, but I feel like I'm actually getting stronger and healthier as I age. Which is amazing. I've also convinced my mother to give paleo a try, and she is happy to report that her arthritis is continuing to get better.

Now if I can just get her to deadlift..." Just drop lots of stuff on the floor.

Robb Wolf: Yeah don't pick up your socks or maybe put sand in your socks.

Greg Everett: They put rocks in your socks and leave them all over the place.

Robb Wolf: Perfect.

Gregg Everett: "On to my question. Most of the attacks I've seen on you guys (including the durianrider video where he calls your pregnant wife overweight) seem pretty damn weak, and guided more by vitriol and spite than by research." On the internet? No way.

Robb Wolf: Right.

Gregg Everett: "With this in mind, I would be fascinated to hear what you feel are the most compelling arguments against paleo. I'm not asking you to tear yourself down, I just think it would be a really interesting discussion. One of the greatest things about science is, after all, it's ability to accept and deal with criticism in the cold light of reason, without resort to name calling.

Thanks again for your time and everything that you do."

Robb Wolf: Yeah. Even --

Greg Everett: That's the only fun part.

Robb Wolf: Exactly. Since 99% of people on the internet have no skin in the game then it's pretty easy to completely run everybody else down so. You know, again the way that I've always tried to tackle this thing you know, like I've had some pretty strongly held positions. Like I felt like high dose fish oil was a good idea and then I became educated on the fact that there's a choke point in how quickly fatty acids and triglycerides can enter into our cell membranes so like taking super high dose fish oil really isn't going to do anything as far as accelerating that story.

So you know, you have some ideas, you get presented with new stuff and things change but as a baseline this paleo template is really kind of commenting on sleep, food, exercise, socialization. So you know, for me it goes above and beyond the food but I think the question is probably mainly directed not food oh Greg I've just got to tell you, when you started reading question #1, fuckin Garage Band stopped for me and I heard some little blink on the back side and got in and turned it back on so. The podcast gods are not with us but it's still recording right now so.

Greg Everett: Seriously. The internet fucking hates this podcast.

Robb Wolf: Dude. Anyway, sorry folks just had to share that. So you know, for me the way that I've always tackled this is the greasy used car salesman pitch of let's kind of assume that grains, legumes and dairy are possibly problematic foods particularly for people who have health concerns, they have metabolic derangement, systematic inflammatory diseases, autoimmune disease. Let's try to get them healthy, vitamin D maybe doing a tanning booth, getting out in the sun doing the appropriate level of exercise. Maybe some functional medicine and hormonal medicine, you know however we go about tackling that and then we reintroduced these foods that maybe questionable, grains, legumes and dairy being kind of the primary I guess items and just see how you do. Track blood work, performance, how you look, how you feel and that's really where we're at.

So I don't know that there's really all that much to tear down or build up. You know, this is a template that I think gets 80%, 85% of folks within spitting distance of what's going to be pretty optimum for them. Then you know, some people it's just going to be absolutely spot on perfect, everything works great and for other people there's going to be some additional tinkering. We had Mike Rusio on here who talked about

biofilms. Some people are going to need lower carbohydrate levels and stuff like that but that goes above and beyond what you know, we can do from a basic kind of template epistemology kind of gig and it gets into the basic like day to day practice of medicine or you know, functional eating or whatever.

So I don't know how much more you know there is to tear down on that other than again using this as a basic template to make some informed decisions, ask some questions and then kind of go from there.

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Greg Everett:

Yeah, I'd say the biggest problem is probably the same problem that most things have and that is people both misunderstanding and misrepresenting what exactly we're considering the paleo diet. The other problem is that it's called something. There's a name to it and that name has the word diet in it and that always throws people off. Like they just get these weird kneejerk reactions to it no matter what irrational they are. So people will characterize it as a low carb diet for example. That's probably the biggest one which of course all the smart people who listen to this podcast know that's complete nonsense, has nothing to do with macro levels. It's about the types of foods. So I think really it's people. There are too many people trying to put information out there that are not doing a good job, which of course does not include Robb Wolf.

Robb Wolf:

Yeah. You know, I just got done doing a really great one-on-one jujitsu session with one of the black belts at our school Jason Swanson. He's got a great background, straight blast gym, Gracie Baha, like a lot of schools has gone into this background and I think about 15 to 18 years of jits and he just made a really cool point which was that you know, within jujitsu you just have these fundamentals. You know you have some really basic fundamentals and it doesn't matter who's teaching this stuff, these fundamentals are the same. It really doesn't boil –you know, there's technique elements but jujitsu isn't technique or it's not elementary about technique. It's about fundamental movement and the fact that a human has two arms, two legs, a neck that can be choked and stuff like that but breaks down.

We were actually talking that there's a bunch of parallels between the way that you tackle jujitsu and the way that tactical shooting occurs and like arresting control and all kinds of stuff. But people are always, always, always looking for some sort of bright shiny object that is going to shorten the path, make things easy and it's always good to look for better teaching habits. You know, I think our understanding of like motor learning is important but the point here with regards to the whole paleo



stick is it's just the same old shit. You know, again and again. I think we would learn new things, we get nuances like we learn that the gut endobiome is really important for health. Maybe our gut bacteria are way more important than even the food potentially you know, but why did the gut bacteria get messed up, well we eat refined food that changes from a beneficial bacterial load to a negative bacterial load. So we get these nuances but it still ends up boiling down to the same stuff. I think that that's part of the deal too.

That's part of this podcast and part of the reason why Greg and I occasionally are like are you guys still actually interested in this because it's literally all the same stuff you know, like whether we're talking hemochromatosis or whatever we get some little unique snowflake nuances that need to be addressed specifically. Like if we had somebody who is anemic, we probably wouldn't recommend a bunch of phenolics blocking iron absorption versus somebody who is antianemic in the case of hemochromatosis. But then beyond that like it all ends up being the same basic structure and I think that you know, always looking for something new a different way of approaching things is always great but it all just kind of boils down to the same stuff.

Greg Everett: Yeah. Meat and fish and vegetables and fruits and nuts.

Robb Wolf: Get some sleep, don't over train yeah. Yeah.

Greg Everett: Yeah. Everything else is kind of details.

Robb Wolf: Right, right.

Greg Everett: So. Okay. Persistence Hunting. Chris says:

"Hey guys, I was linked about persistence hunting today" that's such an odd sentence construct right there. "And I wonder what your take is on it with regards to marathon running and health. Are these hunter gatherers adapted to run long distances? Obviously one would choose to run over death from starvation so that would be a good point in favor of this." And there's a couple of links there.

Robb Wolf: Yeah you know, and again when we first did this podcast oh so long ago, actually I had a pretty good response to it and some of it related to you know... We had a discussion panel at ancestral health symposium, Kevin Dalton who is one of our clients at NorCal strength and conditioning, he's one of the professors at Chico state in the anthropology department and like his area of expertise is actually in the hunting and gathering place

we've seen hunter/gatherers. He actually does digs not too far away from Reno and I'm going to go jump in on a couple of these things. But what's interesting is --

Greg Everett: I dig archeology.

Robb Wolf: I dig archeology man it's heavy. When you really look at not just humans but a wide variety of animals, there is the persistent hunt element of running a critter down and humans are actually reasonably good at that. But when you look at the total energetic story here, it's not from an optimum foraging strength standpoint, how much energy are you spending, how much risk of depth dismemberment etc., etc., relative to you know the energetic rewards of getting a meal. Persistence hunting doesn't really win out.

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Now it's not to say that you don't do that all the time but humans used a wide variety of hunting strategies. One of the most popular being surveying the lay of the land figuring out where animals might come and go in high probability and then you sat down and waited. It's interesting Kevin was talking about this and it's almost exactly the same movement pattern whether you're talking about lizards, waiting for ants, whether it's bobcats waiting for or whether it's human waiting for deer the bulk of their time is actually spent kind of bivouacking in one position, hunkering down being alert and waiting. Now --

Greg Everett: Yeah. It's not running 15 miles a day Monday through Friday to get ready for your Saturday race.

Robb Wolf: Exactly. Exactly. And you know, that's a key point to this that I think is worth mentioning. The fact that people can do something doesn't necessarily mean that they do it all the time and I think that the basic parameters of hunting and gathering produces a rather fit individual that is capable of running for very, very long duration but they're not doing this day after day after day. I think that's just one of the takeaways of this. You know, there's a great YouTube video of a cardiologist who is kind of a reformed endurance junkie and he's talking about the troponin levels that you see post marathon, post iron man, triathlon or whatever.

Troponin is a measure of proteins that are released out of the heart during a heart attack and when people engage in some of these really, really long duration endurance activities, they have as much damage to the heart as it producing troponin elevation as what you would see in a heart attack.

Now clearly it's a different type of damage because we're not doing ischemic occlusion in like a chunk of the heart necessarily dying but it's damaging the heart. I think it's again one of those things where yeah, humans can do that, humans did do that occasionally. It's totally the appropriate way to go. But more often than not it's better to like have a group of buddies and you're all sitting around waiting for a hapless animal to kind of wander down to the only watering hole within five miles and you kill it and you do it as energetically efficiently as you possibly can because that's the rules that the nature dictates. You know, if we're living on the margin and you can't really divvy out tons of energy doing stuff like this.

Greg Everett: Well I think people forget that you have to really make a distinction between activity for the sake of health and longevity and activity for the sake of sports performance. They're not the same thing and any time, like it doesn't matter what sport it is, anytime you pursue kind of an extreme degree of development on the performance side, you're going to diverge from health to some degree whether it's marathon running or weight lifting. You know what I mean? Obviously, different sports are going to get farther or less far away from that health split off but if you want to be a marathon runner for the sake of sport ,be a marathon runner for the sake of sport. Don't look for ways to like rationalize it from a health perspective you know what I mean? Like it's okay if you want to be a runner but just don't fool yourself on unnecessarily believing that oh this is the best thing I can do for my health.

Robb Wolf: Said another way --

Greg Everett: How many times have you heard oh man Bill has had a heart attack. He's only 50, it's crazy he runs every day. Like literally how many times has that been said?

Robb Wolf: Oh, you know, Art DeVany has like that dead pool of endurance athletes where people will send him this stuff. You know said another way the needs of Olympic athletes degrees differ by both degree and by kind versus our grandparents so yeah.

Greg Everett: Yes. Okay. Speaking of grandparents, 70 day Bed Confinement Study.

Robb Wolf: Right.

Greg Everett: Pat says:

"Guys,

As with every question... you're awesome, we love you, keep up the good fight." Trust me it's been a fight the last few weeks.

Robb Wolf: Right.

Greg Everett: Us against the universe. "I recently applied to and was accepted into the next round of consideration for the following NASA Study:" and there's a link, two links just in case for the bed rest study on the NASA site. "My question is what do you think are the possible short term and long term side effects of lying in bed for 70 straight days besides the obvious muscle atrophy?" Schizophrenia.

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Robb Wolf: Right. Possibly. Like more to you Pat but I would fucking freak out. I think you know, overdose of Jerry Springer could be a high likelihood. You know, you're going to lose muscle density, you're going to lose muscle density, you're going to lose bone mineral density, things like --

Greg Everett: What do you see a being like metabolic effects from losing all the lean tissue? I mean that's kind of a screw you up?

Robb Wolf: Yeah. Hormonally, it's not going to be great and you know, I really don't know so you know would we be able to let's say epigenetically and also phenotypically like the way that this person looks, could we tell 10 years, 20 years, 30 years down the road? I don't know. I don't know probably not.

Like if the person who came off the bed rest study started a general progressive resistance training program. Started walking and then sprinting and basically getting back in shape, I think that you would probably largely undo the bulk of the issues that accrue from this but it's a no joke deal. Bed rest is just a hell of a thing.

I think when we did this thing before I think I mentioned there was a gal when I was doing physical therapy aide stuff in hospitals primarily around the intensive care unit and the immediate like surgical discharge scene, there was a young woman who went in for a tubal ligation. They nicked her bowel. She went septic, almost died, ended up on a ventilator and she was unresponsive for two weeks, a week and a half something like that and then she started getting some eye opening and some response but she was still on a ventilator for a while. They got her off the ventilator but it took physical therapy using like rubber bands and having her push and pull against our resistance. You know, we would have her flex her

legs in and push her legs out and same with the arms and the legs and everything. It took like two, two and a half weeks of that to be able to get her such that she could sit up. The first time she just sat up in bed it was trying to hold a long water balloon up that was only partially full. Like it just wanted to fold over and collapse and everything because her neuromuscularly she just wasn't wired up at all but it was fascinating.

It took us about two weeks to get her to sit up then after she sat up for the first time, the next day she was able to stand like a day or two after she stood she walked and then maybe three or four days after she walked she was discharged. So it was shocking how far down she went and really how quickly she degenerated. I mean you know, it was as if there was no muscle around her spinal erectors or anything like that. It did come back.

But what was interesting to me and this goes back a little bit to the argument for functional movements and being on your feet and doing the bulk of your training standing instead of machines and stuff even though I'll make an argument for a variety of people going into the 24-hour fitness and using selectorized weight machines and doing a full body weight circuit a couple of times a week is amazingly beneficial relative to not doing it. But there's really something amazing just being up and mobile and whatnot. It's going to leave a mark doing this. That's about all I could say and I really don't know if you're going to be able to see it long, long term. I think if you get in and do strength training and walk and run and do all that that you'll probably bounce back just fine. But it's going to be a no joke affair, big balls doing that.

Greg Everett: I would definitely cheat and lie there in bed like doing isometrics for an hour a day.

Robb Wolf: Right. They walk in and they're like you can't blink.

Greg Everett: You look tense. No, I'm fine.

Robb Wolf: I'm fine really. We need a laxative.

Greg Everett: You're right.

Robb Wolf: This young man needs a laxative.

Greg Everett: [Laughs] Your thoughts on Dr. Perlmutter's advice to you. Peter says:

“Robb today or excuse me, Tuesday has been one of my favorite days for the past couple of years—thank you for that. Yesterday’s podcast with Dr. Perlmutter was no exception. Having read your discussion of carbs in the diet a few months ago, and hearing what Dr. Perlmutter was advising you to do, I would love to hear if you are pondering adjusting your rudders and trying out a lower carb approach again. I wonder just how much it compromises one’s cognitive future if, for example, one does a cyclic low-carb approach, only having sweet potatoes (etc.) maybe twice a week after the most intense training days? I know you are a busy guy, not sure if this is best addressed on the podcast, in a blog post, or, due to massive uncertainty and/or your personal time constraints, something I’ll find out in about 50 years as I enter my 90s.

Thanks man, don’t start that coconut farm quite yet, the world needs you!”

Robb Wolf: Oh man, coconut farm looking good.

Greg Everett: Right.

Robb Wolf: You know, I didn’t mention anything to folks. I think this is the first I’m mentioning it. I’ll probably write this up in a blog post when I get a chance to do it but I actually did 12-weeks of ketosis and jujitsu and what I found I got to a point where I could roll okay. Like I was taking creatine, I was doing a little bit more carbs post workout kind of following some of Peter Atia’s stuff that he’s done to get back his anaerobic calf. You know I found that I could motor along and I could motor along a long time. Like I could just cruise along but those moments when I really needed some explosive hip movement when I needed to really scramble I just didn’t have it. It wasn’t necessarily that I was tired. You know it wasn’t like I was gassed, it just flat wasn’t there. It was interesting I was actually coming out of these jits sessions a little bit less smoked but when I was looking back it was kind of like well I just wasn’t working as hard.

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So it’s like I had that aerobic pathway and I could motor along and do some stuff but if I really needed to scramble or do something it just flat wasn’t there. That was interesting to me. Like I could do it and I really wasn’t that you know, comparatively fatigued and it wasn’t like I was gassing so when I was fully keto adapted, I could motor along but I just didn’t have that like that really low gear to really be able to turn stuff on and light it up when I needed to. So then I switched back in and started doing more carbs basically post workout and my performance overall is much better honestly.

I will say this. I feel like it was probably a good overall experiment for me. You know, it was definitely interesting. I think what Dr. Perlmutter, you know, people wanted to burn the guy at the stake because he was recommending this low carb deal. I think that my takeaway on this thing where it starts and ends for me if is we see the clinical symptoms that seem to indicate some metabolic derangement or blood work that is going south then that's where we jump on and we start doing something. If we don't see that then the individual is probably carb tolerant and insulin sensitive and there is no big deal and we should be able to be both mature enough and intelligent enough to be able to take both of those and use them.

Dr. Perlmutter is a top of the food chain neurologist. He published in the Journal of Neurology in the age of 19 and he's a huge asset to this whole paleo ancestral health scene and I think that probably athletes that he's working with are largely endurance based athletes not more strength endurance, power endurance athletes. So he's got a different background, a different skillset with that and there is no reason to try to burn the dude at the stake because he's working with different folks.

When we've got a basic rubric of does your blood work or your clinical symptomology dictate or imply that we have some sort of neurodegenerative disease or cardiovascular disease or whatever. If that's true, then we should probably do something about that. If it doesn't look like you're showing metabolic issues with your current carbohydrate load, no harm, no foul. Keep doing what you're doing and I don't know why we need to make it so contentious beyond that particularly when we're really facing -you know, I'm always talking about healthcare crisis but the neurocognitive, neurodegenerative story that we're going to see play out over the next like 15, 20, 25 years, it's going to make cardiovascular disease look like the common cold. Like it's going to be very prevalent, very, very expensive to treat and heart wrenching. People losing their cognitive abilities is possibly one of the worst ways to exit this life.

So the fact that Perlmutter is doing what he's doing as well respected that he is and he has the clinical documentation of success with the neurodegenerative diseases he's working with, we need to support this dude and not run him down. we also need to be able to think and figure out where his advice or my advice or anybody's advice either you know, it still fits in with what you are doing or where it diverges and you need to think on your own.

Greg Everett:

Yeah, be yourself.

Robb Wolf: Yeah, man.

Greg Everett: Okay. Back squat woes. Duey says:

“Whenever I do back squats I have low back pain several hours later.

It doesn’t ever hurt while I am actually lifting

Interestingly front squats and overhead squats never give me this problem though. Have either of you dealt with ppl with this issue? What kind of rehab stuff should I do?

Goals are to get better at weightlifting right now.

I have had this problem for 2 years (I am 25 years old)”

Robb Wolf: I think you crushed this one last time Greg.

Greg Everett: Well let me smash it this time.

Robb Wolf: [Laughs]

Greg Everett: First of all Duey, I wish you would include more information namely what kind of pain are you getting and where is it located. I mean is it actually in your spine or is it in your muscles? Is it towards the side of your back or is it dead center? Is it deep? Is it superficial? You know, is it like a sharp pain? Is it an ache? Is it radiating? Is it fucking –you know, what is it? Help us help you Duey.

**[0:35:12]**

Robb Wolf: Damn it Jim, I’m a doctor not miracle worker.

Greg Everett: That said yes, we both have definitely seen this before. Generally, I know this I always feel like it’s such a copout when I say this but you need to work on your hip mobility and your back and abs strength. You know normally the front squat and even the overhead squat tends to not create the same problem because you’re typically a little more upright. The weights are a little bit lighter. You may be arching a little too hard in the back squat kind of depending on how your squat stance is and all that sort of stuff. So number one, more ab work, number two, more back work so light high volume back extensions, reverse hypers, back planks all kinds of back related stability stuff. You know, in between sets, before and after even your squat workouts. Hang from a pull-up bar and kind of



get some traction on your low back even some light rotation while you're under that traction.

The hip mobility stuff should be helpful but also you know, take a look at your stance when you're squatting. Make sure that however you're standing is allowing you to sit into a good position kind of between your legs or between your feet almost rather than behind so you're not having to lean forward excessively. You know, watch also how you enter the bottom of the squat. You know, some people just reach terminal velocity on the way down and hit the bottom and because they're not in a good position and because their flexibility is not adequate, they have a lot of unnecessary ballistic force on that lower back which can definitely cause you some problems. So I would slow down that descent in your squat for a while, get the mobility stuff down, really focus on the back and ab work and I think you had a couple of pieces of advice last time Robb you remember what?

Robb Wolf: Yeah. You know, really it just expands on what you were talking about. Like I've had some problems. I had a bulging disk L4-L5, never had back problems before. This is --

Greg Everett: Bulging disks are not as cool as bulging biceps.

Robb Wolf: They are not, not by a mile and you know, the things that I figured out, one I ditched my seated workstation. I only have a standing workstation both here and at the clinic, that helped a ton. Two in the evenings like I really haven't watched a lot of TV in a long time but what I've started doing is recording some shit like Gold Rush and Archer. [Laughs] And I will both floss my teeth and stretch while watching a half hour to an hour of TV each night and like I just feel a ton better. I foam roll and stretch and get all that stuff in.

Then a final thing, I can do front levers and back levers and you know, what, rolling pins, all these gymnastic skills. Like I can do some kind of freaky ab related, core related gymnastics stuff but I was noticing that I don't think that I had inadequate ab endurance. So I was really good at turning things on *[Audio Glitch]* at a high level immediately but it almost felt like some lower ab weakness or something. But anyway the long and short of that is I started doing some higher rep direct ab work and low back work. I read up on reverse hyper in my garage gym, started doing some basic foot anchored sit-ups and I talked to Greg about this a little bit, stuck more in the high reps versus you know, the lower reps and lo and behold my back does not hurt doing back squats anymore.

So which one of those things was it I don't know but like Greg said usually if the abs are weak then the hips can be tight because you start getting compensatory activity work like the gracilis and all this stuff starts firing in kind of weird ways. Your psoas starts firing into weird ways, trying to support what should be maintained by your abs. So I had a huge improvement with that just doing some basic mobility work and oddly enough getting back in and doing some really basic higher rep but eventually leading into weighted ab work versus just doing hollow rocks, supermans, front levers, back levers and that stuff.

Greg Everett: Cool.

Robb Wolf: You want to kill her there before the next one?

Greg Everett: Sure.

Robb Wolf: The next one is a little goofy so we'll --

Greg Everett: Kill it.

Robb Wolf: We'll wait on that.

Greg Everett: Great.

Robb Wolf: Anything else folks should know before we wrap and pack it?

**[0:40:00]**

Greg Everett: [AmericanWeightlifting.com](http://AmericanWeightlifting.com). Buy the movie, download, \$14.99.

Robb Wolf: Check it out.

Greg Everett: No brainer.

Robb Wolf: Sweet.

Greg Everett: Yes.

Robb Wolf: All right man so --

Greg Everett: Tell your friends.

Robb Wolf: Hopefully this thing recorded. If it didn't then this episode 208 is probably going to be the last one so.

Greg Everett: If it didn't consider this my letter of resignation.

Robb Wolf: Exactly. Right. [Laughs]

Greg Everett: [Laughs]

Robb Wolf: That and the assassin I'm sending to kill Robb so

Greg Everett: ...letter of resignation/suicide note.

Robb Wolf: Right, right. Okay man well --

Greg Everett: Combine it for efficiency

Robb Wolf: Thanks for motoring through and we'll talk to everybody soon.

Greg Everett: All right.

Robb Wolf: All right, man, talk to you later. Bye.

**[0:40:35] End of Audio**