

## Paleo Solution - 293

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Robb Wolf:

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Hi folks. Robb Wolf here, another edition of the PaleoSolution podcast. Today, our guest is Dr. Jack Wolfson. He is the founder of the Wolfson Integrative Cardiology Center and is also the author of The Paleo Cardiologist. Doc, how are you doing?

Jack Wolfson:

I'm doing fantastic Robb. It's a pleasure to speak with you this morning.

Robb Wolf:

How honored to talk with you. So what the heck would compel an otherwise successful cardiologist to hang unsavory term like Paleo on what they're up to?

Jack Wolfson: Yeah. I guess maybe somebody would say I was hit over the head with like a Brontosaurus steak or Brontosaurus bone or something to knock me delusional because I had a pretty good thing going in my old cardiology practice. For 10 years, I was doing angiogram, pacemakers, all those fancy procedures and along that path, I met a woman who would change my life. She is chiropractor. She is all natural and of course, she became my wife, and basically told me to go after the cause of disease as opposed to the pills and procedures approach and once you learned the truth, you can't really shy away from it. So eventually, after 10 years in the old practice, I opened up my own practice a little over three years ago and it's been tremendously successful, not only for myself, but most importantly for the patients.

Robb Wolf: Awesome, awesome. So Doc, I've got a wonder in the process of you learning some of this new information. It seems like people are usually interested in innovation and doing something new like you were in and established a cardiology group. It's not insignificant resource outlay to go to your own gig, to set up your own brick and mortar to deal and start doing that. Did you try to talk to these folks about what you were seeing and kind of this different perspective you had on things?

Jack Wolfson: Yeah,, I certainly did. I mean, there were 40 doctors in my group and 10 nurse practitioners and physician's assistants and a lot of what I had to say really falls on deaf ears. It's all about the volume seeing as many patients as we can in a day, quick office visits, here's your pills, here's your stress test on your way out or whatever kind of procedure we can sell them on. I think I will see cardiologist and doctors in general want the best part of their patients, but let's face it, we all got bills to pay and a lot of doctors do things plain and simply for the money and I try to teach them about nutrition.

Medical doctors get very little training in nutrition, nothing about supplementation, nothing about lifestyle and I did 4 years of medical school, 3 years of Internal Medicine, 3 years of Cardiology and we just never talked about environmental chemicals. We never talked about the appropriate diets, but there was one at the American College of Cardiology at a meeting around the year 2000. I heard a debate between the late Robert Atkins and Dean Ornish and I heard those two titans and the Nutrition industry go at it and it was very fascinating and even at that point, they really started to stoke my interest in the nutrition side and then Paleo was the ultimate direction that just obviously made the most sense with my patients would certainly doing the best with it.

(00:05:21)

Robb Wolf: Nice. So doc, maybe that's a good thing to jump into the macronutrient wars, high carb versus low carb yet about is great and illustration of those two pulverized camps between Dean Ornish and Robert Atkins as you could possibly find. For myself, I've kind of -- I've swung back and forth on the spectrum and I've kind of suspected of late that carbohydrate tolerance maybe a very situational story, gut biome, whether or not the individual is a shift worker and stuff like that. Where are you on that spectrum and how do you tackle that particular part of the dietary puzzle?

Jack Wolfson: Well, for the most part, I always start off with trying to get people over a certain amount of time depending on the individual person getting him into Paleo and then, yeah, I agree with your certainly depending on what their needs are trying to fine tune it as they go along. But I think we're both in agreement that the foundation really is, for all of that, is the vegetable side and pushing people on as much vegetables as they can frankly tolerate, but the point being everybody has to eat some amount of meat and/or seafood and then how much I think that's how you individually tune it in.

Years ago, I was listening to Dr. Oz on television and he had someone you're very familiar with Gary Taubes on and he has Taubes out there and as decides, he is going to go Paleo for the day so what does he do? He has bacon and eggs for breakfast and for lunch, he has pork chops wrapped in more bacon and then for dinner, he has a steak with the side of salmon and then he complains he doesn't feel well.

Well, I think that's really breaking the spirit of what Paleo is. Paleo certainly is about eating tons of vegetables, eating meat, seafoods, nut seeds and eggs, avocados, you know the whole story there. But I think for those people, once they get down to their "Paleo weight", I think they can start to be a little bit more liberal serving with potato intake, things like Quinoa and some of the other gluten free and non-gluten grains based on what their tolerability is.

For people that are exercising, that are active, I think they probably have to maybe push a little bit more on the carb side. Like in our house, we're always organic. We're always gluten free and we're always soy free and I think that's a good message for anyone.

Robb Wolf: Absolutely, yeah, yeah, and I mean, that seems to reflect most of my experience, some of the stuff that we've seen in the clinic. I definitely want to talk to you about what type of testing you do because I know that it's different then what folks might see with certainly their GP and

then maybe a standard practice cardiologist. I also wanted to talk to you a little bit about where you seek health playing into all this, but could you maybe walk folks through what an initial intake might look like in a standard cardiology setting versus what you would do in your practice?

Jack Wolfson:

Yeah for sure. A standard Cardiology setting is pretty laughable and embarrassing. I guess that's why I'm kind of chuckling right now. The initial office visit of most cardiologists is between 10 and 20 minutes. How are you going to learn about the life history of someone over 10 to 20 minutes? My initial visit is an hour and 15 minutes. For out of town people, sometimes, we do 2 or 3-hour visits and even then, I mean, somebody maybe 50, 60 years old. I mean, how do you learn about the inside of a person in a 1-hour visit let alone 15 minutes?

So the conventional doctor, once again, they take very little history, very basic cursory exam and then order blood test on those people and I typically say those of the 1970s blood test that they're ordering. My father was a cardiologist starting off in the 1970s. That's what it was all about. There was a total cholesterol and the total LDL, total HDL came in, the triglycerides and that's where most doctors have left it and they are just not up to date on the latest research. The people that write the guidelines as we said previously have a pretty much done away with even ordering a lab test regarding a cholesterol and LDL and HDL. They basically say, hey listen, you are at higher risk because of certain risk factors and therefore, take your statin drugs. That's where they left it. They're kind of getting rid of the goals.

European Society of Cardiology has kept up with those goals, but I think what you and I are really getting into and certainly, myself and my practice now is really the most advanced lab testing available on the planet to really look at someone's risk because we know that total LDL for example is just about is basically useless number. We want to know about LDL particle numbers, particle sizes, oxidized LDLs or damage the LDLs if you will. Those are things that really matter and then we try some form of therapy with those people, nutrition lifestyle, chemical detox and the right supplements and I repeat the labs and see how well we're doing and I think we're doing fantastic work.

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Robb Wolf:

Great, great. So doc, with that LDL piece story, we've seen some folks that could say come into the clinic. They are pretty dyslipidemic. They've got elevated LDL cholesterol levels. LDL-P might be a little bit elevated, say like 1500, 1600, something like that. They might be a shift worker so they've got some kind of lifestyle-induced insulin resistance. We lean on them. They change their diet, go Paleo. They start walking.

Generally doing everything right and when we look at their numbers, HDL is up, both cholesterol and particle. C-reactive protein is lower. Fibrinogen is lower. Insulin resistance score plummets but that LDL particle number goes up. What's the story with that outlier and it doesn't happen often, but it kind of freaks us out still, still trying to figure out how exactly to navigate that. Sometimes a low-dose statin will be recommended for that person like 5 mg of Crestor and then 6 months later, they titrate them off and all is good. What do you think is happening in that situation?

Jack Wolfson:

Well, I think obviously, there is -- each person of course as you know and this what we're talking about is the individual person whose LDL particle goes up. I think the particle number goes up I often find it that the average particle size also goes up. So they are producing more LDL particles, but they are the beneficial LDL particles and what we try and look for really is what I call the Paleo cholesterol, the caveman cholesterol. What is the perfect number for that person if they were walking around 15 or 20,000 years ago? I think that's what we achieve by eating those foods.

I think you're right to point out that inflammation is probably the biggest thing and inflammation is coming down when they follow the right nutritional protocol. But then you look at that LDL, the HDL ratio, you look at the apo B to apo A ratio and invariably, those are always improving. So I think as the LDL particles goes up, so the HDL particles in most of these situations.

Sometimes, you know, the unexplained can happen. Usually at that point, if someone has a history of coronary artery disease and their LDL particles are over 2000, that's when I'll reach for red yeast rice, I got to be honest with you Robb at this point in my practice, the only people that I have on statin drugs are the people that have true familial dyslipidemia where they have LDL particles that are off the charts, 3000, above 3500, people that really starts to deposit their cholesterol into their joints, into their eyes, xanthelasma. Those are the only people that I have on statin remedies.

I think that the natural stuff, I mean the red yeast rice, I'm a big fan of Berberina and so many different levels lacking cholesterol reabsorption in the gastrointestinal tract with the use of organic Psyllium Husk, lots of fiber products. I've been using diatomaceous earth. I've been using activated charcoal in this people and we're getting fantastic results.

But if inflammation is very low, I'm not all really concerned about that LDL particle number of 1500, 1800 if someone does not have a history of coronary disease even the LDL particles upward at 2000, 2200. If people are following perfect Paleo and they don't have one of those familial situations, I find it very, very, very rare to have an LDL particle number above 2000.

Robb Wolf:

Okay, okay. Let's say, do you do any other, say like, screening testing so that you could get a sense of what if there is any pathology going on at the vascular side? Like a carotid intimal media thickness scan or I know that there's some pretty sophisticated MRI where they will do a full body MRI scan and kind of look at the coronary arteries and what not. Do you anything like that to get some deeper insight or do you mainly track off the blood work and the lifestyle changes?

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Jack Wolfson:

Yeah. That's a fantastic question because I mean there are a few other natural cardiologists that are out there. William Davis who wrote Wheat Belly, I think he's got a couple of natural ideas as well, but he became somewhat famous because of his website called track your plaque. You track your plaque of course by doing coronary calcium scans and those are CT scans. Those are massive amounts of radiation and massive amounts of radiation or any form of radiation causes coronary disease, causes cancer. So I never recommend any of those tests unless it's an emergency situation. You know, obviously car accidents where you need a CT scan and I'd never recommend that for screening. I just assume most people have coronary artery disease because frankly, most people do and it really doesn't change what my therapy.

My therapy is all based on a blood analysis, urinalysis, saliva analysis, genetics. I think we can just get everything we need on that. CIMT or carotid intimal media thickness, I think that has value to it. It is ultrasound technology so it's highly regarded as safe, so I think that can be useful. I'm sure you're familiar with the machine called EndoPAT, which measures vascular reactivity. There is some value in that, but that can be a little difficult for people to find and is expensive for the individual practitioner to purchase. So I don't find that overly useful. I think we can get everything we need from that noninvasive test. Obviously, I do a lot of cardiac ultrasound in my prime because of course I find that useful.

As far as MRI, total body MRI, MRA of the vessels, I really have been ordered that either. Getting into a giant magnet and twisting every single molecule in your body, I think it's not something I would want done on myself and I certainly practice how I would treat myself and family

members. That's how I treat patients and that's not a test that I order as well.

Robb Wolf: Okay, okay, great. So Doc, I have really looked a lot of the gut more and more as maybe a vector in this cardiology story. This atherogenic blood profile story, possibly a breakdown in the intestinal barrier lining, small intestinal bacterial overgrowth, lipopolysaccharide getting in the circulation and causing inflammation and non-alcoholic fatty liver disease. What are your thoughts on that as a vector for this problem?

Jack Wolfson: Well, yeah. I agree with you. That is extremely important and once again, the average medical doctor, 99.9% of medical doctors just have no clue about anything you just said and my wife told me this. Years ago when we first got together and we were dating and she just said, it's all in the gut. No matter what the issue is, if you heal the gut, you will heal the person and our Paleo ancestors, they were digging up carrots and they were digging up shrubs and herbs and all that stuff and they were constantly in a world of dirt living in the dirt and with the probiotics. Now a days, you go to get a carrot at a grocery store that has been triple washed and loaded with chlorine and disinfected and we live in such a sterile environment and that just leads to so much illness.

Probiotics are my number one supplement. I was doing an interview actually this morning and they said, if you run at a remote island, what five things would you take with you from a supplement standpoint. The first thing of course I would take is probiotics and there's tons of literature coming out more and more so about taking probiotics for cardiovascular health or to achieve appropriate lipid levels. We do know that taking probiotics can lower blood pressure, can decrease hearth rhythm problems and it can certainly modify the cholesterol profile in the appropriate direction.

You mentioned the concept of intestinal permeability and leaky gut. There are multiple companies that are doing testing on that. I do those tests I find and useful. Down here in Phoenix, it's the home of Cyrex Labs and Cyrex does some very, very in depth testing for intestinal permeability and I love doing that test just to really just to show people, hey, you know what, this is your problem or even with gluten sensitivity, Cyrex has over 20 different tests that look at the gluten molecule looking for antibodies to gluten and further to prove it to people that this is a problem for them and I think healing that gut is just paramount in improving the health of patients.

Robb Wolf: Nice, nice. So Doc, if you get someone say they have small intestinal bacterial overgrowth, one of the protocols to address that is kind of a lower carb intervention. That lower carb intervention unless folks structure things properly, they might be a little bit skinny in the carbohydrate that is fermentable in the distal portions of the gut which is where we want most of that, that type of activity to occur. It seems like a pretty significant challenge when somebody has SIBO to rectify that situation without theoretically worsening their lack of substrate for things growing distally in the gut, like how have you figured out how to manage that in a clinical setting?

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Jack Wolfson: Well, I think we shouldn't make it too difficult. If we return to the basics and get people onto appropriate Paleo, I find that most people do well – we do diagnose some with SIBO. There are some great supplement products that are out there and that maybe the first action to take hit them with some of those things, some of the natural products like Berberine, oregano oil, things that really help to tone down the bacteria that are in the small intestines and then follow it up more with the heavy probiotics and the probiotics to really re-colonize the colon. I am a fan of colonic therapy especially in those people to keep the good bacteria that are in the colon area while you're trying to modify that small intestines by taking internal supplements and that's typically my approach.

Robb Wolf: Okay, okay. Doc, we were talking in the clinic a couple of weeks ago and we were trying to pin down a topic of autoimmunity versus cardiovascular disease and there was kind of some dissention in the ranks. It was kind of split down the middle of a room. Some folks in the room felt like atherogenic blood profile seemed to track strongly with autoimmune potential. Some other folks were saying it did not. Do you have any thoughts on that or if you've observed anything one way or the other?

Jack Wolfson: Well, I look at whether the common autoimmune conditions. I mean, look at psoriasis, look at eczema, look at people with rheumatoid arthritis, lupus, they all have much higher incidence of cardiovascular disease.

Robb Wolf: Right.

Jack Wolfson: So the two obviously track very closely and I definitely think that cardiovascular diseases is an autoimmune phenomenon. I checked the thyroid antibodies in all the patients not necessarily because I'm interested in thyroidal though that obviously needs to be --- thyroid issue needs to be addressed, but if they had autoimmunity going against



thyroid and readily measure thyroid antibodies, then it's likely they have an autoimmune cardiovascular disease going on and what is coronary plaque. It's all just the immune response, right. It's all the macrophages that develop in the bone cells, it's all cytokines and other markers of inflammation and immune stimulators that are coming in to that area. So it's clearly related. Look at the markers that we're checking, myeloperoxidase, oxidized lipid particles, that's all immune system damage. So where's that coming from? Is it coming from the glutens, coming from other food allergies, dairy, corn, soy, unfortunately is it coming from an egg allergy.

So many people especially -- I believe that the vaccine, adjuvants or hallow vaccines are grown. They're grown on an egg medium and then we inject that in the people. I think that's the source of egg allergies to many. So nonetheless, we got to look for those foods that are turning on the immune system, get rid of them and I think that also leads us back to the healing of the gut and like you said the lipopolysaccharide, the immune stimulating particles that are getting into the blood stream that are turning on the immune system. But I guess that's my long-winded answer of saying that yeah, there is definitely the immune system is involved in the coronary arteries and I look at some of the myocarditis, a viral inflammation, bacterial inflammation of the heart. Look at valve diseases such as rheumatic fever. These are all autoimmune responses to bacteria that then lead to cardiac damage. So yeah, we've known this for over a hundred years.

Robb Wolf:

Yeah. I felt pretty strongly that the autoimmunity linkage with the atherosclerotic progression seemed pretty solid. There were some folks that really dug their heels in and we're not buying it. So I'll make sure that they listened to that part of the podcast. Doc, you may have touched on this a little bit because you mentioned like Cyrex Labs and some of the other tests that you do, but on that food sensitivity side of the equation, I've found that like allergy testings and food sensitivity testing is really all over the map, like it seems to give false negative, false positives, maybe it's helpful, maybe it's not and I've really defaulted to -- It seems like just doing an elimination diet and the more sick the person is, something that more looks like a pretty strict autoimmune Paleo protocol as a start and then we hopefully get them healthy and then we start reintroduction and see how they do, like where are you at on that spectrum?

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Jack Wolfson:

Yeah, Robb. I definitely agree with you on that sense. Sometimes, the food testing can lead you astray. Obviously, when the test is normal, it doesn't give you the information you need. When you find an

abnormality on the food testing, I find that useful because that means they definitely have a problem or just because the food panel comes back and says, the person is okay with gluten or soy or wheat or whatever it may be, I still tell people to avoid it so yeah, at the end of the day. I find it a little more useful because sometimes people do have nut allergies. Since some of the Paleo people that recommend dairy, you do food panel on them and you see a low-level sensitivity to all dairy products, then those are the people that we can tell them to stay away from dairy. I also find useful that if someone is following pretty strict Paleo and they still have a lot of inflammation, then I'll do a food panel on them to try and dial in where it's coming from and a lot of times, less than people listen to you, they listen to me, but a lot of times, they want a piece of paper that says, okay, you definitely have a problem with this.

Robb Wolf: Right.

Jack Wolfson: Therefore follow it and like I said, sometimes, the egg issue -- a third of the people I checked are egg sensitive and I don't tell them to stay away from it forever, but I tell them, listen, let's take a 3-month break. Let's stay away from eggs for 3 months and then re-introduce some once a week and see how you do.

Robb Wolf: Doc, the egg piece is interesting because for a lot of folks, that's the only source of dietary choline that are really consistently getting unless they do some liver with any type of frequency. I've actually noticed that I'm reactive to eggs, get some GI distress from them now and so I've actually been using some soy lecithin to get a choline bolus. I'm also MTHFR, pretty frisky on that. I think I've got all the snips for that and so it seems like increased choline intake can really help with some of the methylation issues. What are your thoughts on choline intake rounding some of that out particularly if folks are egg intolerant?

Jack Wolfson: Right. I mean, I agree with you that soy lecithin is probably a decent source. I think that -- I do certainly encourage my patients to eat organ meats and I love eating liver. I particularly love eating kidney and as far as the source of the choline, I do a fair amount of phosphatidylcholine supplementation with my people especially with MTHFR gene defects and certainly if they have elevated homocysteine on top of that, then we tend to get pretty aggressive. There are lab testing companies that do test specifically for choline levels.

One of which is a company called SpectraCell that I used a lot of and they specifically test for choline and people that do have chicken egg sensitivity, sometimes, they're okay with duck eggs. They're okay with

other egg products. I've had ostrich eggs and emu eggs. I think there are some other things that people can get a hold of if they're looking for another source of lecithin.

Robb Wolf:

Yeah. I shifted to duck eggs and noticed feeling a lot better and then didn't have any for maybe two months and then had duck eggs and thought I had like the worst food poisoning in my life. I was on the can for like 6 hours, got up the next day and had more duck eggs and started feeling the process start again because I'm kind of slow and didn't really connect the dots on it and ended up purging that went out of the system and it's interesting. I've been feeling with this stuff for a long time, but the fact that those things progressed, it kind of makes me think that I've still got some sort of low-grade gut permeability hypochlorhydria something like that going on.

Jack Wolfson:

Well, the second supplement I would bring with me on an island is digestive enzymes and I think that can help solve a lot of food intolerance issues that maybe Paleo related. I mean, people, I know your history, you were a vegetarian. The people that switch from vegetarian and certainly vegan is back to including meat in their diet, they no longer have the enzymes necessary to break down those food products and they don't have a lot of bile production as far as fat emulsification. So those people do well with digestive enzymes, a cup or two at the beginning of the meal, the digestive enzyme if you also include the Betaine HCL was a good source of acid to improve digestion. I think that's important, but you're right.

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I mean, a lot of people just can't tolerate the eggs and they will just have to go for a different source of nutrients, but I think yeah, you got to make sure pushing the organ meats. Some of the supplement companies that have glandular products, I think that's one of the best things about those companies, companies like Standard Process that use glandular is that most Paleo eaters are eating Foley. They're eating rib eye. They're eating T-bone ground beef. They're not included in the organ meats, the bone broths, and I think we really have to stress that to people.

Robb Wolf:

Right, right, yeah. I really went down the rabbit hole on the glycine imbalance that comes about from not eating skin and connective tissue and things like bone broth and stuff like that. It was interesting like balancing the glycine portion of the diet ended up mitigating a bunch of inflammatory pathways that tended to potentially down regulate some of the theoretical like accelerated aging from activating mTOR like it was super interesting and that was about 6 months ago and now with my daddy brain, I can't remember that. But it was definitely illuminating and

I've always done soup stocks and stuff like that, but I've really made an effort to get at least like 5 days a week starting the day with some warm bone broth.

Jack Wolfson: Wonderful. That's definitely nurturing to the gut for sure, but I get the daddy brain. That's something that I suffer. We have an 8-year-old and a 3-year-old.

Robb Wolf: Okay, okay.

Jack Wolfson: I sleep with the 8-year-old. My wife goes to sleep with the 3-year-old and about an hour or two into sleep, I wake up and go get the 3-year-old so the three guys sleep together. My wife gets a peaceful night sleep. Otherwise, the 3-year-old is up all night stoner sing.

Robb Wolf: Right.

Jack Wolfson: So I get it and you know Robb, over the last couple of years, I've come to think that man maybe even more important than nutrition and more important than all the chemicals in our environment is that sleep factor. I wrote a whole chapter on that in my book about the importance of sleep because sleep deprivation maybe the single most harmful thing to our health out of everything. Just the data on that, the increased stroke risk, heart attack risk and people that are getting less than 6 hours of sleep. I used to deprive myself on that when I was a practicing hospital cardiologist. Oh, I only need 3 to 4 hours of sleep. Man, that is a recipe for disaster.

Robb Wolf: Yeah. Kirk Parsley is a good friend of mine. He was a Seal and then became a physician and he likes to mention that he has gone through possibly the two professions that where sleep deprivation is a badge of honor, like to get through this, you basically function better on less sleep, but then there are all kinds of collateral damage with that. I completely agree. Like I kind of suspected if we all live on a desert island where we went to bed when the sun went down and got up when the sun came up, didn't have all that much electric light, stress levels were kind of low, I suspect we could eat all kinds of squirrely food and not really be that affected by it.

Jack Wolfson: Right certainly and I do agree with that. I often use the analogy of Tom Hanks in the movie Cast Away and for all this people that come in and say, oh, well, I've got this. I've got that. I've tried this and that. It's like if we just drop you off on a remote island and all you did was eat coconuts, fish and vegetables, you'll live forever.

Robb Wolf: Right, right.

Jack Wolfson: And I do preach to bed with the sun down, awake with the sun rise. That's what we did for a million years up until Edison invented electricity a little over a hundred years ago. That's just how we lived and nobody does that anymore. The average time people would sleep in the United States is almost midnight at an average, which means that many people are going to bed at 10 as they are at 2. It is just no surprise that everybody is suffering from chronic disease.

Robb Wolf: Right, right, yeah, yeah. The flipped circadian rhythm like we see this really powerfully in our police military and fire personnel when they start dealing with shift work, it just crashes then. And that is where in the macro nutrients wars, people will show historical precedent for higher carb cultures and lower carb cultures and everything but for me, most of that kind of goes out the window when we start dealing with that dyslipidemic insulin-resistant hypervigilant first responder who's on shift work. Because they have the shift work which is one thing to contend with and they have a very stressful job to contend with also and those folks are so insulin resistant. We just don't see them respond well unless they've really ratcheted the carbohydrate intake down. You know like 50 maybe a 100 grams of total carbs a day seems to be where we start getting some favorable body composition changes or sleep improves when they are able to sleep and stuff like that.

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Jack Wolfson: Yeah and I think the education piece on those people as well regarding -- when I used to work in the hospitals, I would come in with a little backpack or even in my pockets, my khakis, where one pocket would contain an avocado and the other pocket would contain a can of sardines and I was a big fan in the cardiac ultrasound reading rooms, those tiny little rooms because I will leave an empty sardine can stinking up for the whole place as those other doctors ran into the doctors' lounge to eat and jump that they was "for free" in the doctors lounge.

But people have to make the concerted effort. You got people that are truck drivers. You got to just give them all the tools so they're not starving on the road and of course, they're going to pull off at the nearest fast food joint. You got to tell them to bring meats with them, the deli meats bring cut up vegetables, bring avocado once again is a perfect to travel with. We talked about the eggs, boiled eggs, bags of nuts and seeds. It's simple when you got a plan for it.

Robb Wolf: Right, right, definitely, definitely. So Doc, I want you to talk about your book, but before you do that, you mentioned kidney. That is the one thing I have not figured out how to cook or how to make it palatable.. Give us all a kidney recipe or like how do you tackle the kidney to make that stuff palatable?

Jack Wolfson: Well, the kidney, typically, I'll coat in a little coconut oil or some kind of baking grease or whatever, just kind of like wrap it on there and then I usually just bake it and bake it in the oven, whatever temperature, I don't know, 425 or 375 for 20 minutes depending on the size of the kidneys. The bigger, the longer you got to cook it and then once it starts to get hardened, sometimes I pull out of there and I throw it in a stir fry with some vegetables, but that's kind of how I do it. I mean, obviously, we're talking about high quality free range, grass fed beef or any kind of other animal kidney. It's delicious and it's not as strong of a taste as liver, but it has a similar texture and I kind of get into that texture.

I've never gone on hunting Robb. I don't know if you have, but I've never go on hunting. I'm not opposed to, but I grew up in the suburbs of Chicago. My father was a doctor. I don't come from hunters and I do plan in doing it someday and I think that if there's an opportunity on a fresh kill that I would eat raw, liver, raw organ meats as our ancestors did at that moment.

Robb Wolf: Yeah, yeah. I've done a little bit of that and I've eaten little raw liver. I saw really crazy piece from Outside Magazine where one of their photographers was out on a bear hunt in Alaska and they shot a bear. They were butchering it and they actually did try kind of skewering the meat and cooking it, but it was undercooked and these guys ended up getting some sort of like herpagonasyphiloids, the worst like parasite, some sort of a muscular parasite like it insists in the muscles. I forgot which one it is, but that guy was broken off, but then at the end of the interview, they were like so are you going to do this again on your next hunting trip and he's like absolutely. [Laughs]

Jack Wolfson: I think they're like eating raw, I mean, there was all kind of horror stories, but hey, we go back to it fundamentally, it just doesn't make sense.

Robb Wolf: Right.

Jack Wolfson: And I think and I would also -- let's face this. Some hunters, the majority of hunters go out there with bags of Doritos.

Robb Wolf: Right.

Jack Wolfson: And other kind of junk foods and their bodies are already destroyed and if you're an unhealthy person, you can get damaged from eating anything.

Robb Wolf: Right.

Jack Wolfson: And I think that's the point is being that if you're a healthy person and you get in that situation, your stomach acid will pulverize those parasites and you'll be fine.

**(00:40:06)**

Robb Wolf: Right, right, yeah, yeah. It's just I'm not sure if my stomach acid is that great so I was like, I'm going to make a soup out of that, like I'm going to - - when I travel abroad like I've found that if I can get soup and it comes to the table basically scalding hot, I'm pretty good, like it's kind of nuked anything that might give me some problems.

Jack Wolfson: Yeah. I understand. I think there's a chance, but listen, obviously people get sick from E. coli from vegetable, from food contaminants, once again, I think like anything, it's all about being a healthy host.

Robb Wolf: Absolutely, yeah, yeah. So Doc, you wrote the Paleo Cardiologist. Who is this geared towards? I mean, I can't imagine couple of people that I know family members that they've had their blood work checked out. They're kind of like, okay, my doctor is maybe a little concerned about this. We'll throw them some stuff that says, well, the LDL, total cholesterol isn't as big a deal as the particle count and what not. Who is this book geared towards?

Jack Wolfson: Well, it's really, from a marketing standpoint Robb, let's say it geared towards everybody. It's geared towards the 35-year-old with a family history of heart disease and they want to prevent heart disease, but it's almost like geared towards the 65-year-old person who has already had a cardiovascular event. There is only two chapters that really discussed Paleo nutrition. The rest of it of course is talking about sleep, exercise, cardiology procedures, the importance of cholesterol, the importance of chiropractic care. Chapter 14 is called the Wonders of Chiropractic, how to brain, the nervous system innervates every single organ of the body and if there's dysfunction in it and that pathway, it needs to be fixed. Everybody needs to see a chiropractor.

I have a chapter in there talking about the top 20 cardiovascular tests you need. I have a chapter in there talking about top 20 supplements that you need, but there is also these 300 references at the end of the book

and I'm sure Robb, you have your critics just like I do and it's also -- when people insult me and they say, oh you're Paleo is this is and this or you're just a -- you're a burnout cardiologist, you're a crazy cardiologist. If you're insulting me, then you're insulting the 300 plus authors that's from Peer Reviewed Journals where I got my resources from and my references from.

So it was also a matter of here give this to your cardiologist or hey, all my cardiology buddies and I do have cardiologists that have reviewed and recommended the book. It's a matter, yeah, just showing them -- some people would -- here is the evidence of everything that I'm saying. You didn't believe me when I tried to tell it to you over a lunch or over a 5-minute conversation, but here is the book. Read it for yourself. My program director who was a brilliant cardiologist from South Africa, I trained in Chicago and Dr. Jeff Lake here is one of my mentors and he is absolutely off the charts brilliant and old time cardiologist could diagnose so many things just by checking someone's pulse.

And he called me about a month after the book came out and he said kudos to me. He applauded everything I was doing. He realized obviously it really was a knife in the back to conventional cardiology and that was one of the purpose still was just to say, man, you guys are just on the wrong track and here's the way to do it and frankly, we're going to put a lot of you out of business.

Robb Wolf:

Right, right. Well, I mean, we've really given this symptom suppression approach I think a fair shake. We're 60, 70 here anyway. It's like if a symptom pops up, we will suppress it in some way and hopefully, that make things better and we know more about genetics and biochemistry and pathology than we've ever known before. But cardiovascular disease rates increase, diabetes rates increase, all this degenerative disease states that seem to be endemic and western cultures seemed to be on an uptake and I just have to think that we're just doing something wrong. We're not starting from sleep, food, exercise, gut biome, social connection, like these are the things that really define our human state from that hunter/gatherer ancestral perspective and if we get a sufficient drift from that, then I think that we start giving some problems and problems that are not amenable to one-pill solution.

Jack Wolfson:

No, certainly not.. I recently wrote a blog post and the blog post is titled, which door will you chose because down here in Arizona, my medical practice is right next to a Conventional Internal Medicine practice and the people that just file in and out of this guy's office, it's obviously very quick office visits. They get their antibiotics. They get their pain pills. They get



their blood pressure pills on and on and yet, if the person just chose to take a left turn into my office, they would just get a totally different approach and a healing approach as opposed to the Band-Aid cover up approach that you're talking about.

**(00:45:31)**

It's really so simple and I think that the majority of people would chose prevention if they knew it existed, but they're just plugged in to the medical paradigm where it's just all about, well, yeah, it's just genetics. For genetics, you've got cancer and genetics, you've got high blood pressure and genetically, you've got heart disease and there is nothing we can do about it so just take your pills. God by seeing people like you and I, people can really, really, really take back their health.

Robb Wolf: Absolutely, absolutely. Well, Doc, it's been fantastic having you on the show. Remind folks where they can track you down on the inner webs.

Jack Wolfson: Yes. My wife and I have a website together. It's called thedrswolfson.com. We're also on social media at thedrswolfson Facebook, etc. we post a lot of good stuff on there. My medical practice website is called wolfsonintegrativecardiology.com. The book is available on Amazon and other online book sources and it's also available on our website thedrswolfson.com or by calling our office and yeah, I think it's just a great resource just to be able to read it, show it to your doctor, show it to anyone that you love, yeah, that's what we're all about man. Just trying to make the world a healthier place.

Robb Wolf: Awesome, shocker. What a terrible, terrible way to spend your life trying to help people.

Jack Wolfson: Sure, sure.

Robb Wolf: Yeah. Well Doc, it's been great having you on the show. Thank you for accommodating my schedule change there at the last minute last week. You were very accommodating with that. Really look forward to hopefully connecting with you in real life here at some point.

Jack Wolfson: That would be absolutely fantastic Robb. Thank you so much. I'm a big fan of your work and keep up the great job.

Robb Wolf: Thank you, you too. I'll talk to you soon.

Jack Wolfson: Okay.

Robb Wolf: Okay. Bye-bye.

**(00:47:22)**

**End of Audio**