

Robb: Good Morning Wife.

Nicki: Good morning Hubs.

Robb: I'm still picking breakfast out of my teeth, just so you know.

Nicki: I know. I'm trying to stall so that you can, you can do that. Nobody wants to see food in your teeth Robert.

Robb: Nope.

Nicki: Doing this?

Robb: Nope. No. So what's new? Anything new?

Nicki: Let's see. Zoe turned seven last Friday and we had a little shindig here, for her with 12 kids and some adults.

Robb: I'm only feeling my mortality slightly over that one. So yeah.

Nicki: I've got a seven year old. That's crazy.

Robb: It is, but nobody came here for that [inaudible 00:01:28]. Jump, jump in.

Nicki: Jump in.

Robb: Okay.

Nicki: All right. Our first question for this week is from Scott, on a mild caloric deficit. He says, you've had a ton of discussions about Keto. My wife for Keto is tons of chronic disease and brain disease in my family tree. After hearing doctor Perlmutter and then reading his book Brain Green a year ago, I decided to give Keto ago. Shortly thereafter, you offered the [Keto masterclass](#), and I've been doing it ever since, you won't really know if I hit my wife or another 15 to 25 years when I'm in my seventies and eighties, so I'm going to Keep on tracking.

Nicki: My wife and I own at 1201 crossfit hit here in Elkins, West Virginia. We have tons of chronic disease and obesity here. One topic that would be helpful for us is setting macros for people. We have seen people go on severe caloric deficits and get frustrated when their bodies hold onto the weight. And in one case we've seen the opposite where a guy lost 120 pounds on Keto eating 3000 calories a day, but others struggle to lose because they probably just aren't set right calorically. You occasionally mentioned a mild caloric deficit, and I would love to hear how you determine that. Note also that we have an inBody 530 that gives a pretty good base metabolic rate. We are thinking people should be about 500 to a thousand calories above that BMR. Do you agree? I have both of your books, been listening to your podcast for years and even heard you speak over at the mad lab group and always enjoy your perspective, Scott.

Robb: Awesome. Cool. Man, there's a lot to unpack on that, which these good questions oftentimes elicit a good bit of unpacking. Four years ago, before I really started hanging out with Tyler and Luis from Keto Gains, I would have been more inclined to ascribe negative outcomes to an over, like he mentioned somewhere in here that, people would stall as their bodies trying to hold on because of too severe of a caloric deficit. I don't believe that anymore. Now I'm not saying that you can't screw yourself up hormonally and have some problems from an overly aggressive caloric deficit, particularly in the context of hard training, also the whole female athlete, triad, deal, worthy.[inaudible 00:03:41] and all that type of stuff can happen.

Robb: But, I just saw time and again, Tyler and Luis, somebody would pop up on their forums, and they're like, I can't lose weight. I've stalled. And it's pretty funny because they do a good cop, bad cop deal, and they will switch hats. How they do with this, and one of them would approach the person very gently and kind and the other one would kind of hammer them. But every goddamn time, the person was cheating. They were eating far more than what they were reporting. There was always some emotional baggage attached to it and then a big Kumbaya and everybody hugs and kisses and then the person gets their shit together and then their on point and they move forward.

Robb: So as a baseline, when we ran our gym, and I was much more of the mind that, I don't know, maybe some low thyroid here, and that does pop up occasionally, but there's just kind of a reality. And this is Gauche, but nobody comes out of a concentration camp still obese. Nobody. It just doesn't fucking happen. So there is ... And you have the most downregulated metabolism that you could imagine in those scenarios, 'cause people are literally starving to death and people continue to lose weight unto the point of death.

Robb: And so, it was just kind of a reality that it's sometimes difficult to set those things. There's all kinds of emotional elements to it. I know that that wasn't really quite the specific question, but it's something to lean in on, is a reality that if people are not losing weight, it is because 99.9% of the time they are over eating. Now, sleep can change things. Which the main thing, lack of sleep-

Nicki: They may not be counting properly either. We had a client who's an attorney, who was eating nuts every day, and it turned out that he was eating one of those full container, Costco containers of cashews. So he was having his nuts, but ... I guess making really, really sure that they are tracking and they're counting accurately.

Robb: Which gets back to the main question that they had, which is how do you set the macros? There's a lot of different ways to do it. Honestly, the KetoGains Macro Nutrients calculator, is phenomenal. Smart coaches could just take the person's data, which you look on there, they want to know a weight and approximate body fat percentage-

Nicki: Activity level.

Robb: Activity level. And on the body fat percentage, if you just do a Google image search, body fat percentage, men and women, then it will order this stuff out. And if you're within 5%, you're good. Just err on the Chubbier side, it's really easy. Or if you have more sophisticated methods of determining body fat

fatness, then I guess that's fine. But that actually works really well, because it's a starting place. That's where we jump in, and I would generally set the protein from that. KetoGains Macro Nutrients calculator, at the Keto gains recommended, which is one gram of protein per pound of lean body mass. And then go from there. And if people need more carbs than where that Keto intervention, sets them up, then you ...

Robb: A real easy way to adjust that is, for every two grams of carbohydrate that you add, you delete basically one gram of fat. Math isn't exact but pretty damn close. That's a real easy way to tinker all that stuff. So if the person is just, so they run a crossfit gym, maybe they don't want everybody at specifically ketogenic levels, but you could use the KetoGains Macro Nutrients calculator, to establish a baseline of calories and the caloric deficit that they said, ends up being about 10% below what the maintenance level is theoretically calculated from that. You can set up more aggressively, but that's a decent place to start.

Robb: And then again, if you want more carbs in the mix, then what the KetoGains recommendations are, you just need to kind of manually adjust that, break that into either two or three meals a day. Done. Don't fuck around with snacks. Don't make it fancy, two meals a day is great. I mean, take the daily allotment, either divide it into equal amounts or do one 70% and do it earlier in the day and 30% later. You can really simplify this stuff and then the person just becomes serial killer, consistent. You readjust those numbers once the person's lost 10 pounds or maybe like 10% of body weight. If you have a smaller person, then 10 pounds may not be as ... You may have a very small female, who is overweight for her scenario, but a 10 pound weight loss may be Max it for them. So yeah. Did I miss anything on that?

Nicki: Just do you agree that they should be setting people about 5000 to 1000 calories above that?

Robb: The Basal Metabolic Rate? I haven't really ever looked at it that way, so I'm honestly not, I guess that that's probably-

Nicki: Maybe just see how that compares to-

Robb: I think that the KetoGains rex would be pretty close to that. And the interesting thing is, within the KetoGains Macro Nutrients calculator, puts a calculated basal metabolic rate as part of that. And again, it's very easy to do. You're just going to need to ask the person, what their weight is and then you will need to figure out body fat percentage by Hook or by Crook and visual-

Nicki: And those people are sedentary. Even if they're going to crossfit and doing a crossfit workout a day, but the rest of their day is sitting at a desk. They're sedentary.

Robb: Yeah, I set mine as sedentary for ages. I set my numbers at active to my ... I haven't been active in years. I mean even running our gym, we weren't really that active. And then, since we have shifted to mainly writing books and working on blogs and podcasts, we barely get off our ass, which sucks but that's just kind of the reality of online pimping and horan is, you spend a lot of time on your back or butt. So, yeah.

Nicki: Okay. Moving on.

Robb: Moving on.

Nicki: Let's see. Our next question is from Ashley on TV at bedtime. Hi Robb and Nicki, I have a question about watching TV at bedtime. Now I've heard and read over and over how this is a terrible thing. The light penetrates the pineal gland, suppresses Melatonin production and prevents you from falling asleep, et cetera. I'm just wondering if this is one of those hardened fast rules. So many things are generally good, but you have to make sure they work for you individually.

Nicki: I've gotten into a bad habit of watching TV when I go to bed, but I watch it to put me to sleep. When I don't have it on, the silence is deafening, so to speak. My brain won't shut off, but as soon as I turn on Frasier, I'm out in less than five minutes, almost like it shuts off my brain. Am I just fooling myself? Is my brain not really shutting off and doing what it needs to do because of the light? I don't feel like I sleep terribly, but I also don't wake up refreshed most of the time, but I also have thyroid and other hormonal issues and I think those can affect sleep as well. Anyway, I'd love to get your opinion on this. I've had a really hard time breaking this habit.

Robb: Do you want to tackle this one?

Nicki: I would just say that, she's saying that her brain won't shut off when she's laying in bed. This is something that I have struggled with in the past and for the last, Gosh, six weeks we started doing it-

Robb: And by struggle, I'm drifting off and I can literally fucking hear the gears in Nicki's head going Now, it hasn't happened in ages because of what she's going to share it with you in a minute. But I don't know if it was a vibration or a shock or a misalignment or what it was, but I would literally be like, why the fuck are you still awake? What are you doing? [crosstalk 00:11:53]

Nicki: Breathing would be, the slow rhythmic breathing of somebody who's asleep and then he's like, what are you thinking about?

Robb: So it's a no joke-

Nicki: It will be my most, all my ideas would come to me when I would be laying in bed or just actually, it wasn't even ideas. I would just review my day and ruminate and think about things that already happened, which aren't serving me at all, when I'm trying to sleep. And then I would go through a phase where I'd be like, okay, the best thing that I can do for myself and my body right now is to sleep. So I try to tell myself to turn off my brain. And that wasn't really that effective either.

Nicki: But, I came across a book by a woman named Emily Fletcher called, Stress Less, Accomplish More. And it's on meditation, but it's in a super accessible way. She says in there, the goal, we're modern people, most of us don't have the time to go be monks and sit on a mountain and meditate blissfully every single day. So she has a very accessible program that we've been doing for the last six weeks. And honestly-

Robb: For years, I've just called complete bullshit on meditation practices. I'm just like, whatever, that works for you. My meditation is spear fishing and Jujitsu. I'm either trying to kill something or something's trying to kill me. And in that moment, I'm focused and everything. But, I was so stressed out working on two books at the same time. And Nikki was basically like, please just read these four pages, which was basically the how to piece. And I read it and I was like, this totally makes sense. I'm going to give it a shot. It was life altering-

Nicki: One of the compelling things too, early in the book she talks about how meditation affects sleep and she shows a graphic of a person-

Robb: They have some great documentation, I mean, legit sleep interventions.

Nicki: Yeah. She shows a graphic of a person's brain waves, premeditation. And then that same individual's brain waves during sleep, three days post meditation. It's stunning the difference because after the meditation, the length of time that they're in deep sleep is significantly greater than the first one. So, I don't know. It's a really great book. I am not really a person that recommends a ton of books to people but I have either purchased and or recommended that book for multiple friends-

Robb: 10 people.

Nicki: Actually I would maybe check that out and give that a shot, 'cause the light on you while you're sleeping, you're not going to be as rested when you're sleeping to the TV. My sister used to do that, and it'd drive me nuts whenever we'd go on vacation-

Robb: And she slept like shit. This is one of these things. It's kind of like, when we would dig into somebody's nutritional background, they were doing literally everything wrong. So they had soda. If they had fruit, it was a banana. I mean [crosstalk 00:14:52] At every turn they were really fucking up and this isn't a value judgment but when you look back you're like God-

Nicki: You had the right prescription, how to mess somebody up metabolically and health wise-

Robb: They just gravitated to it.

Nicki: Drink juice, drink soda, eat all the shit, but don't sleep.

Robb: Skip breakfast, eat all your food right before bed and these people would do that. They had just gravitated to this and we've just noticed that a lot of people who have thyroid issues and you said there were hormonal issues, it becomes kind of a feed forward mechanism where they stay up late and they stay up late doing a variety of things but ... The TV I think is a big sign. I just couldn't recommend the meditation book enough. And it's called again?

Nicki: Stress Less, Accomplish More by Emily Fletcher.

Robb: And then we'll get that in the show notes. And then beyond that, I would really, really recommend doing that and that may solve all the internal buzzing head stuff. I would honestly be surprised if it didn't, if you're still going to use the TV

to some degree in a winning process, get some really good blue blockers. Throw down some money. This is your self flagellation, go buy the Swannies, they're a hundred bucks or something. This is your self flagellation, you get to buy a really expensive pair of blue blockers. Put those on and then get a TV that has a timer and then set the timer for 10 minutes, 15 minutes, whatever it is. But by hook or by crook, figure we need some mitigating strategies. Everybody who has this type of pattern going on, has some stuff that is just very predictable as far as kind of metabolic related problems. And I wish it wasn't the case, but it is.

Robb: We don't even have a TV in our bedroom at all. It's kind of funny when we were house-hunting ages ago, everybody had some sort of fucking TV alcove in the room, I'm like, yeah, that's kind of [crosstalk 00:16:58]-

Nicki: Take a bath and watch TV. When I take bath, I just want to lie there and relax.

Robb: We're the typical in that regard. So yeah, Ashley, I'd check that stuff out, it would be really cool if you circle back with us and give us an update. And then we could actually do kind of an update for folks to, did you tackle the meditation? What were the benefit? Did it affect things-

Nicki: We noticed the difference within the first week of doing it.

Robb: And again, you could not have found somebody more critical and dismissive of meditative practices. It just seems every fucking self help guru. It's like, Oh, this is my morning routine and I do this and that. And it's like, yeah, well one, you guys don't have kids. Just this whole thing. I started doing it, in general. I do a sit in the morning and then I sit in the afternoon. We both do. But the thing with that too, when we were at Paleo FX, I got one in and some days I didn't get any in. So when I can't do it, I just don't stress out about it, But I do, I just keep going. Okay.

Robb: Absolutely, it's made me calmer with the kids. I'm not as big of a Dick when I'm driving and I fall asleep when, I do a little bit of reading, but I mean it's literally five minutes and then I'm out cold and I don't know what Nikki's doing because I'm slumbering. But I think you're sleeping better too, right?

Speaker 1: I am, yeah.

Robb: Yeah.

Nicki: I never had a problem sleeping. It's just, I would review my day and I have to say that that is completely gone.

Robb: Interesting.

Nicki: I don't feel the need to do that or it just doesn't pop up. Okay. Let's see. Our next question is from Mike, Is TRT healthy? Hi Rob. I'm a testicular cancer survivor and due to operations and intense chemotherapy, have hypogonadism, chronic low T. Over the past year I've gotten my health under control, lost about 80 pounds using Paleo Keto, as well as getting my T levels regulated through TRT, testosterone replacement therapy. Without replacement, my levels were in the low two hundreds, with it, I'm about 500 to 650. My doctor tells me that it's

healthy to use TRT and I assume it's healthier than being chronically low. Do you think so? And what are some natural ways to raise testosterone?

Robb: Yeah, that's a big topic. What's interesting is whether we're talking males or females, there's some really contradictory information suggesting that hormone replacement is negative or raises potential for different cancers and whatnot. And when you really get in and look at that stuff, it's pretty bogus. And when you look at effective aging, people that age well, we just visually look at them and again, whether male or female, that person looks pretty damn good for their age.

Robb: If we look under the hood, typically they have more youthful profiles of hormones. Dr. Kirk Parsley shared some data with me. This is just kind of a background baseline, but my grandparents generation, the men had on average at any given age, testosterone levels that were three times higher than what men have today. Now is it the Dizin estrogen? Is it social media? Is it just everybody being fucking whiny, twats most the time.? I don't know, but none of it really feeds into good stuff. But there is I think a reality that, when people shift to that low end of normal and normal is a trap in this case because-

Nicki: Modern people is what those [inaudible 00:20:48]

Robb: We really learned this by doing our work with the Naval Special Warfare and seeing these seals that pre-deployment, they would have, of total testosterone, 1000 or 1100, I mean, they were at the top end of the food chain. They would come back post deployment and their total testosterone would be 100, 200. So it's still within normal bounds because of the way that the population distribution is. And they average it from 20 year olds to 80 year olds. It's so ridiculous. But there's multiple things. So even lab corp recently, every couple of years they ratchet what the norms are for testosterone and estrogen in both men and women down or tweak the ratio. So they're constantly adjusting these things so that the norm is heading in directions that are unfavorable.

Nicki: Wow.

Robb: Yeah. It's just because nobody coming through the front door, is now normal. They have to adjust it down to account for these norms. But what they're not doing, is drawing a line in the sand and saying, hey, even though everybody in the population isn't fitting these numbers, this is where they need to be. And so, yeah.

Nicki: Low testosterone that can lead into depression. It can lead to-

Robb: It's virtually a guarantee. Yeah. Increased cardiovascular disease, potential depression. Yeah, yeah, yeah. The loss of muscle mass, which is not good for effective aging. So I think finding, a good doc that sounds like a good one, in your scenario. So what I was going to say is, using the least aggressive intervention possible, I think makes a lot of sense. You've already done a bunch of good work. Just the fact that you've lost all that excess weight. Body fat has an enzyme in it called aromatase, and it will convert testosterone into estrogen, and this is one of the nasty things that happens if somebody is recognized as having low testosterone, but they're also overweight, and their doctor puts, we'll talk about men specifically in this scenario, puts them on testosterone and

the testosterone doesn't go up, and so then they put them on more testosterone, the testosterone doesn't go up, and they put him on more testosterone, and they feel progressively worse and worse and worse.

Robb: Well, the brain doesn't sense testosterone levels. It senses estrogen levels.

Nicki: 'Cause they have so much body fat?

Robb: No, just the brain does not sense testosterone levels, it senses estrogen levels. Because what happens is, luteinizing hormone is released and then that causes the cascading effect of the release of testosterone, and then at some rate, the testosterone is going to get converted into estrogen. If the estrogen is too high, then it suppresses testosterone production. So these people who are overweight being given testosterone injections or even worse a cream, the cream, the testosterone goes through the adipose tissue and unless they're on some sort of an aromatase inhibitor like Arimidex or something like that, they're going to convert virtually all of the testosterone into estrogen, which then the brain sees, Holy Shit, there's a mountain of estrogen around, turn your balls off, basically.

Robb: Yeah, this is where ... And then it's like, well, TRT didn't work for me. And it's like, well, your doctor is a fucking idiot. They probably didn't even do a weekend course on this stuff. I'm not going to name any names, but there are a lot of popular interventions out there that docs will go get their kind of anti-aging certification. They fucking suck. These people have no idea what they're doing. They started the most aggressive intervention, and I guess on the one hand, it's better than nothing in a way. But the problem is that it just gives us whole scene node a bad name. People handle this stuff in a completely ham-handed fashion. So again, so there was a question here. What can you do to naturally raise testosterone levels?

Robb: Well, losing weight, which is what's his name again?

Nicki: Mike.

Robb: So Mike already did that, smartly went on some sort of a low carb, Paleo Keto type of approach. Beyond that, getting proper photo period. Some things like D-ribose can be a little bit helpful, but there's just kind of a reality that the stuff that you've gone through with the surgery and the Chemo and the radiation, that just kind of kicks your ass to some degree. But there are things like hCG or Clomid, which help to stimulate the production of testosterone at the brain level. So in those scenarios, sometimes men can get a remarkable boost in testosterone production and then they may be able to titrate off that stuff. Sometimes they need to maintain it for, an indefinite period of time. But there's all these really interesting interventions that can be used that are super minimal, provide the substrate and the stimulus for your body to make its own testosterone, so it gets managed and dealt with in a more natural way.

Robb: And maybe you could write that into your 50s or 60s and then once you hit 60 and like the Arimidex plus Clomid plus hCG protocol isn't really working so well anymore. Then you go on a super modest dose of subdermal testosterone injections and by the time you hit 75, 80 years old, just go full Sylvester Stallone, and it's growth hormone and you just go crazy. But what you've done there is,

you've bought yourself a youthful hormonal profile, while staying, the real problem with TRT, is the super physiological levels.

Robb: If you're staying within physiological levels, it's mainly all upside, not much in the way of downside. So there's not a ton you can do beyond what you're already doing on the natural enhancement side. And honestly given someone's background like this, where they've been roughed up pretty good, and it would be similar if we had someone who was a seal, or some sort of operate under, and they've had traumatic brain injury multiple times, I would be inclined to go more aggressive but minimal intervention. So things like hCG, Clomid, Arimidex used tactfully, which you need a good doc to do that. They're just aren't that many good doctors out there.

Robb: I can't tell you how many endocrinologists I've chatted with and I'll just kind of run this stuff up the flagpole and they have no idea about any of this jive and it doesn't make me smart or them necessarily dumb, but people are not really doing diligence on investigating this stuff and doing right by their patients.

Nicki: Okay. Let's see. Our next question is from Phillip on excessive endurance exercise. Phillip says, I am a 63 year old male in pretty decent shape and except for a nagging hip injury, I feel great. The hip doesn't seem to have caused any loss of mobility or function. I can back squat 250 pounds. I consider myself to be Paleo since 2011 and recently I've grown in some Keto and intermittent fasting. I'm wondering because of the hip and my age, if I should be lifting crazy heavy, going for new personal bests and competing at local crossfit gyms or should I be lifting lighter and safer with more reps? Do you have any guidelines for people wiser than 60?

Robb: One of the main characteristics of aging, is a loss of power production and the big motor unit complexes that involve the nerves, and the type 2b motor fibers. Those are the things that we lose most rapidly as we age. And the way to prevent that, is to either lift at or near maximal levels and or move somewhat lighter loads very, very quickly. Like the way a shot-putter works in a hammer throw and stuff like that. Olympic lifting can emulate a little bit of this. Some of the Westside Barbell self tries to emulate some of this stuff. But the question of whether or not, you should be going for personal best is a little bit challenging because I really don't know how well you move. If your back squat and dead lift and press and push press and all that.

Robb: If your form is spot on. And I'm like, yeah, push, go for some personal bests. For me, all of my personal bests are in the past. I was a competitive power lifter, I'm never ever going to reach those levels again, not without massive sacrifice. So what I have today, are just kind of temporal, personal bests. Oh, within the last two years that was the best I did on this or, or what have you. If you're kind of new to lifting then you may have some great personal bests going in your future. So it's a little bit hard to tell him that.

Nicki: And I'm wondering, you say you have this nagging hip injury, but it doesn't cause loss of mobility or function, but do you have pain? Is it bothering you when you're squatting? Because if it is that-

Robb: When is it bothering him?

Nicki: Nagging that that kind of, to me, that seems it's bothering you ongoing. And so I would try to do activities that you alleviate that, once you get inflammation in the hip-

Robb: Stretch is a great, great idea to get into. But yeah, I mean, the point about the hip inflammation, if there's an injury, typically there's inflammation. If we know one thing that's terrible for aging and health and longevity, it's inflammation and having an injury that's chronically just irritated, is an inflammatory state. So we definitely want to figure out what to do to get that fixed. And whenever I hear competing at local crossfit gyms, I'm just kind of like, No. It's so hard because, we co-founded the first and fourth fucking crossfit gyms in the world, and it's such a great community and there's good stuff that goes on it, I guess. But it's just such a cluster fuck of shitty programming. And-

Nicki: It depends. The problem is if you don't know [crosstalk 00:31:12] The context in there are-

Robb: Horrible. Yeah.

Nicki: [inaudible 00:31:16] lessons totally replace the training.

Robb: This is a really hard one to pin down. In general, I would say lighter weights. Higher reputations are okay, from just kind of a metabolic perspective and it might build a little bit of muscle mass, but you really need to affect those big type 2b motor fibers, explosive movements and also Max effort movements. You don't have to do that every single time, but you need to do it on some sort of a consistent cadence. But prior to that, you need to get the fucking hit-

Nicki: I'd be furious if you took several weeks off of squatting and pulled and dragged a sled and did some other things and just see if you can get that thing feeling better. And then maybe bring back the squatting and ramped back up slowly.

Robb: Make sure from a coaching perspective, your bio mechanics are absolutely on point because if you just, if a car is well aligned, the tires will last, remarkably a long time. If it's slightly out of alignment, the tires we'll get chewed up in a few thousand miles versus 50,000 miles. So, the biomechanics are critical. Getting that inflammation down is important. I do think it's important for people to lift some heavy weights as they age and this is-

Nicki: But it doesn't mean going for one rep Max-

Robb: Every time, yeah. It can be three rep max, five rep max. It can be a variety of rep maxes. But the thing is, that comparatively it's heavy. This is some of my, not issue but concern when people are like, well, I do yoga, or I do gardening, and I just don't like being in the gym. That's fine, I get it. But with a really minimal intervention of a full body weight training session two days a week, 15 or 20 minutes, you are getting so much benefit, in my opinion, from an anti aging perspective because, whatever we're doing once you pass 30, 40, whatever it is, you're declining. You're declining.

Robb: And if you don't challenge yourself, the decline is fast. And if you are used to gardening, if you're used to yoga, that's not a challenge. It's doing more, it's not really a stimulus that the body needs to adapt to. So that's why I'm a little

neurotic about getting in and at least doing some of this stuff. Strength training, sprints, jumps, all that type of stuff. Yeah. Yeah. We have time for one more?

Nicki: One more. Let's see. We have a question from JP, 47 and up. Hey Rob, should I be modifying programming or diet because I'm over 45? Mow for some context, I'm trying to dial in all of the factors that are important for longevity and health span. To be more precise, I want to retain or put on as much lean mass as possible, difficult. Get below 15% body fat and stay there, difficult. Maintain or increase mobility, doable. Get good sleep. I'm good on this one. And community, I just joined a crossfit gym-

Robb: And here I was just shit talking cross fit.

Nicki: Excuse me babe, there are some great ones.

Robb: There are some really great ones, yeah.

Nicki: I'm 47 and what you would call skinny fat. It seems impossible to get my body fat below 22%. I've been doing paleo for about six years, about 70, 30. Tried Keto, although I think I went overboard on the fat and last year I did six weeks of PSMF, that was very tough. The only thing that got me below 20% was the piece of PSMF, but it's not sustainable and over the holidays I gained all the weight back. I tried to stay abreast of the science and avidly consumed your work along with Peter Attia, Chris Master, John Kresser, et cetera. I'm also known to browse through Pub Med in my leisure time. All that to say I'm eager to learn, and I'm as informed as my capabilities allow on these topics. I have been lifting two to three times a week throughout and try to limit my cardio to short, intense stints. I've been trying to do the minimum viable dose thing, but results are not anything to write home about, plus it's kind of lonely.

Nicki: Recently I've seen several folks on line talk about how if you're over 40 you need to do things differently. Invariably there's a pitch for an ebook or a class at the end of this story. Point is I get good sleep. I do strength training two to three times a week. I'm eating mostly Paleo, but I just can't consistently get below the dam 20% body fat mark. Should I be doing something different because I'm approaching 50? JP.

Robb: We had a question earlier on from an individual that had gone through a testicular cancer therapies and was asking about testosterone replacement therapy. This is something that I would probably find a good doctor who could do some blood work and really assess where you are. And it's not just testosterone, it's testosterone, estrogen, estradiol, sex hormone, binding globulin. They need to look at a lot of stuff to really have a good sense of what's going on. If your doctor runs a total testosterone, and they're like, oh, you look good, then that person is an idiot. He or she literally has no idea what they're talking about.

Robb: So this is one of those scenarios in which I would look at kind of the hormonal underpinnings. And this is funny, we've listened to so many of these, you kind of like, I'm get some bullshit here, but okay, that sounds right. That sounds right. That sounds right. That all seems on point. Jp sounds he's neither deluding himself nor trying to delude us. And so the next thing that I would definitely look at, is kind of the hormonal state, thyroid, testosterone and everything

associated with that. And if you're at the lower end of normal, this could be the case for looking into something like an hCG protocol, a Clomid protocol or possibly even some sort of low dose, appropriately dosed testosterone supplementation, there's palettes and there's other stuff. But, those are the things that I've kind of researched more. But that's the stuff that I'm looking at-

Nicki: I'm so curious about your stress levels, you don't mention that but that can be a thing that kind of-

Robb: Even I have a feeling the stress levels are probably not a big deal, just because this is a reasoned and well punctuated and organized ... It's so funny, you get the frenetic, when people are stressed out, it's a jumble fucking mess when we get this stuff. This seems like a very centered, reasonable, balanced person. JP probably has a whole wardrobe of dresses made out of human skin, because this is a ray of reasonable, but JP seriously, it sounds like you're really on point.

Robb: I would be super curious to know what you look like from a thorough, androgen profile perspective and just off the top of my head really quickly. And we want free and total testosterone, sex hormone, binding globulin or protein, whatever they call it these days. Estrogen, estradiol and then a legit thyroid panel, T3, T4, reverse T3 thyroid uptake. We'll put something together on this stuff to help people zero in on what tests they need to get. But, that's where I would look 'cause it sounds like you're on point with everything else and if the hormonal state is there, then the rest of this stuff shouldn't be that hard.

Nicki: Great. Awesome guys. Thanks again for your questions and to you all that might have a question you want to submit. You can do that at Robb.com via the contact page. Follow us on Instagram @dasrobbwolf, YouTube. What else do we have to say?

Robb: That's it.

Nicki: That's it.

Robb: That's it for now.

Nicki: Okay.

Robb: Thanks wife.