The Optimal Diet for Muscle Growth & Longevity | The Longevity Protocol Ep. 38 Transcript

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Intro

Welcome to the longevity protocol with Welcome to the longevity protocol with Dr. Christina Bosch and Dr. John A. Dr. Christina Bosch and Dr. John A. Robinson. We'll be your guides to Robinson. We'll be your guides to uncovering the secrets to optimal uncovering the secrets to optimal health, better sex, and happiness. From health, better sex, and happiness. From debunking aging myths to exploring the debunking aging myths to exploring the science behind what it means to live the science behind what it means to live the longevity protocol. We'll dive into a longevity protocol. We'll dive into a [music] wide range of topics.

[music] wide range of topics. So, get ready for an exhilarating So, get ready for an exhilarating journey in what it means to live well journey in what it means to live well and feel your very best [music] at any and feel your very best [music] at any age.

We're back. We're back. It's great to see you sitting here uh in It's great to see you sitting here uh in this in this really really cool way. So, this in this really really cool way. So, we've got like a newer approach how we've got like a newer approach how we're doing it. I mean, we used to have we're doing it. I mean, we used to have this more relaxed kind of feel. Now, this more relaxed kind of feel. Now, we're sitting at the desk. Now, we're we're sitting at the desk. Now, we're not relaxed.

not relaxed. >> Now, we're not relaxed. Now, it's more >> Now, we're not relaxed. Now, it's more focused like like John. focused like like John. >> We're trying John. Yeah. Dry John.

>> We're trying John. Yeah. Dry John. >> Let's try John on for size. >> Let's try John on for size. >> So >> So >> So today is as always I think these are today is as always I think these are great episodes. Um I think this is an great episodes. Um I think this is an episode that's episode that's >> I think personal for us um but >> I think personal for us um but definitely personal for us as doctors definitely personal for us as doctors with our patients. This is well it's with our patients. This is well it's personal for our patients. Yeah.

personal for our patients. Yeah.

Why the RDA for protein is outdated

>> It's what patients are always asking. >> It's what patients are always asking. It's what's really hot right now and It's what's really hot right now and that's what is the best possible diet that's what is the best possible diet for muscle building and particularly as for muscle building and particularly as it relates to protein. What is the best it relates to protein. What is the best protein for muscle building?

protein for muscle building? >> Okay. >> Okay. >> Okay. >> Um why is that so funny? >> Um why is that so funny? >> Every time you say it's really hot right >> Every time you say it's really hot right now, I think of Zuland. [laughter] now, I think of Zuland. [laughter] >> He's so hot right now.

>> He's so hot right now. >> Oh, so funny. All right, go. >> Oh, so funny. All right, go. >> Um >> Um >> Um >> yes, this is super important. This is a >> yes, this is super important. This is a very universally useful conversation.

very universally useful conversation. >> Yes. And we just see it so much with our >> Yes. And we just see it so much with our patients. Um, you know, we we and we patients. Um, you know, we we and we work with so many women who [snorts] are work with so many women who [snorts] are having difficulty in gaining muscle and having difficulty in gaining muscle and that they're having difficulty. I think, that they're having difficulty. I think, and we'll talk about this, the and we'll talk about this, the understanding of how important muscle is understanding of how

important muscle is in relationship to their fat loss or in relationship to their fat loss or what they would say, well, their weight what they would say, well, their weight loss. I want to lose weight. They don't loss. I want to lose weight. They don't want to lose weight. We want them to want to lose weight. We want them to lose fat. Correct. And we want them to lose fat. Correct. And we want them to not only maintain, but usually we're not only maintain, but usually we're trying to get them to gain muscle build.

trying to get them to gain muscle build. and that that is so important for their and that that is so important for their ultimate goals of what they're looking ultimate goals of what they're looking for. So they, you know, we really want for. So they, you know, we really want to get people away from this idea of to get people away from this idea of just looking at the scale and just looking at the scale and understanding that we want to look at understanding that we want to look at body composition, which is really the body composition, which is really the kind of fancy scale that we have at the kind of fancy scale that we have at the office that we're always talking about office that we're always talking about muscle and how that kind of relates to muscle and how that kind of relates to um their overall health and definitely um their overall health and definitely their their fat loss goals, their body their their fat loss goals, their body composition goals. you know, looking composition goals. you know, looking good and feeling good and looking good good and feeling good and looking good in that dress really in the end comes in that dress really in the end comes down to muscle and that's not down to muscle and that's not appreciated enough, I think.

appreciated enough, I think. >> Yeah. I mean, I think we've reentered an >> Yeah. I mean, I think we've reentered an era where there is nothing more sexy era where there is nothing more sexy than healthy. There's nothing more sexy than healthy. There's nothing more sexy than fit, which is not the same thing as than fit, which is not the same thing as celebrating overweight models or celebrating overweight models or celebrating underweight models. It's celebrating underweight models. It's really about what is the most attractive really about what is the most attractive um in general I would say from men to um in general I would say from men to women. What do they find most attractive women. What do they find most attractive in women is going to be a woman that in women is going to be a woman that looks strong and healthy and fit.

looks strong and healthy and fit. >> I think it's an evolutionary kind of >> I think it's an evolutionary kind of predictor for the most part. I mean we predictor for the most part. I mean we find all of those things generally find all of those things generally attractive because we know that there's attractive because we know that there's health behind that correct what we're health behind that correct what we're seeing.

seeing. seeing. >> Yeah. Yeah. We've talked about that a >> Yeah. Yeah.

How much protein per meal

We've talked about that a little bit about what really let's say little bit about what really let's say from a most primitive level because from a most primitive level because these are beauty standards that to a these are beauty standards that to a certain extent go across the globe and certain extent go across the globe and there is always at the core that notion there is always at the core that notion that at a very basic level women that that at a very basic level women that are most vibrant looking are going to be are most vibrant looking are going to be the ones that seem get voted most the ones that seem get voted most attractive. And it's true. It's because attractive. And it's true. It's because humans still have that instinct to humans still have that instinct to recognize that when you look healthy, recognize that when you look healthy, you will probably create healthy you will probably create healthy offspring. So, it is, you know, beauty offspring. So, it is, you know, beauty is there in part for that um reminder of is there in part for that um reminder of vibrancy when it comes to procreating.

vibrancy when it comes to procreating. >> Here's what we're going to answer today >> Here's what we're going to answer today uh on this podcast. uh on this podcast.

We're going to talk about protein We're going to talk about protein requirements for muscle. What's that requirements for muscle. What's that number? Everybody's always asking, so number? Everybody's always asking, so how much protein can you optimally how much protein can you optimally digest in one meal for muscle growth as digest in one meal for muscle growth as well? So that's kind of about that those well? So that's kind of about that those protein requirements and then what can protein requirements and then what can you actually get into the

system at any you actually get into the system at any one time. What's the best type of one time. What's the best type of protein for muscle building? And we'll protein for muscle building? And we'll get into a little bit of the why. How do get into a little bit of the why. How do you track protein? Is it important to you track protein? Is it important to track it? Patients are always asking track it? Patients are always asking that, well, okay, now you gave me a that, well, okay, now you gave me a number, but how do I know? Why are so number, but how do I know? Why are so many people struggling with getting many people struggling with getting enough protein, particularly women? Why enough protein, particularly women? Why do they still continue to struggle? And do they still continue to struggle? And why is it that we as doctors are why is it that we as doctors are continually seeing people struggling continually seeing people struggling with that? What did our ancestors eat?

with that? What did our ancestors eat? And uh why is muscle important for And uh why is muscle important for longevity? longevity? longevity? >> And yeah, we talk about that all the >> And yeah, we talk about that all the time. And right at the end, everybody time. And right at the end, everybody also wants to know what's the best also wants to know what's the best protein building, muscle building stack.

protein building, muscle building stack. What is our recommendation from Dr. What is our recommendation from Dr. Robinson and Dr. Bosch? what are we Robinson and Dr. Bosch? what are we recommending uh to really make it recommending uh to really make it easier for you in your overall journey? We're for you in your overall journey? We're going to give you that uh exact stack going to give you that uh exact stack right at the very very end.

right at the very very end. >> Good. And I do want to emphasize that >> Good. And I do want to emphasize that this is information that's for both male this is information that's for both male and female.

and female. >> Very much so. Yes. I keep you know, >> Very much so. Yes. I keep you know, forgive me as I continue to harp on uh forgive me as I continue to harp on uh on sort of women getting protein and on sort of women getting protein and that's just, you know, 19 years of that's just, you know, 19 years of experience.

experience. experience. >> Well, and your daily your daily habit >> Well, and your daily your daily habit with me. I mean, you know, let's take with me. I mean, you know, let's take all of this with a grain of salt because all of this with a grain of salt because I am the stereotypical female who I am the stereotypical female who struggles with getting in enough protein struggles with getting in enough protein and I'm very conscious of my protein and I'm very conscious of my protein intake. It just doesn't mean that I intake. It just doesn't mean that I always succeed at it. I have a very hard always succeed at it. I have a very hard time putting on muscle mass. I'm time putting on muscle mass. I'm naturally thin, but I'm not naturally naturally thin, but I'm not naturally lean, which is two totally separate lean, which is two totally separate things. So, my goal is to really feel things. So, my goal is to really feel like by the time I'm 50 that I have that like by the time I'm 50 that I have that great strong physique so that I don't great strong physique so that I don't have to worry about what happens when have to worry about what happens when I'm 80, I'm 80, >> right?

>> right? >> right? >> One of the best things you can do for >> One of the best things you can do for cruising into being older is having that cruising into being older is having that muscle. We'll talk about that. But let's muscle. We'll talk about that. But let's start with the protein requirements for start with the protein requirements for muscle growth.

muscle growth. Um, you know, first of all, I think one Um, you know, first of all, I think one of the reasons why, um, I mean, I had a of the reasons why, um, I mean, I had a patient just say it to me the other day.

patient just say it to me the other day. I said something about the number and I said something about the number and then she said, "But the RDA says," then she said, "But the RDA says," >> oh my god, >> oh my god, >> you know, so um, and that's what we've >> you know, so um, and that's what we've all been taught.

all been taught. >> And it's interesting because this the >> And it's interesting because this the RDA numbers for protein, this goes back RDA numbers for protein, this goes back to even the 1800s, certainly a lot into to even the 1800s, certainly a lot into the early 1900s when they were the early 1900s when they were determining how much

protein somebody determining how much protein somebody actually needed. And what they're saying actually needed. And what they're saying is about 0.4 grams of protein per pound is about 0.4 grams of protein per pound of body weight. Um, but what they're of body weight. Um, but what they're basing this on is nitrogen. So, you basing this on is nitrogen. So, you know, we when we're learning in school know, we when we're learning in school and the way amino acids are looking in and the way amino acids are looking in terms of the chemical formulation, we terms of the chemical formulation, we know that it has N and it has nitrogen know that it has N and it has nitrogen in it. And that [snorts] nitrogen in it. And that [snorts] nitrogen content of course is important. It's content of course is important. It's it's true. In fact, that's something it's true. In fact, that's something that's measured on the blood test we that's measured on the blood test we check. It's called the bun, the blood check.

Daily protein requirements

It's called the bun, the blood ura nitrogen content, which actually can ura nitrogen content, which actually can give us an idea about protein intake for give us an idea about protein intake for that patient. but it's not telling us that patient. but it's not telling us everything. Um, so nitrogen by itself is everything. Um, so nitrogen by itself is not a good enough number and there was not a good enough number and there was just a lot of flaws in it. One, the just a lot of flaws in it. One, the nitrogen's lost in your sweat. Um, so nitrogen's lost in your sweat. Um, so you can't actually determine you can't actually determine you can't actually use nitrogen to you can't actually use nitrogen to determine how much someone needs, determine how much someone needs, >> right? And the other thing about these >> right? And the other thing about these um limits, no, these parameters or these um limits, no, these parameters or these standards that were established is that standards that were established is that there's I think two major components to there's I think two major components to consider. One of them is that if there consider. One of them is that if there was going to be malnourishment, it was going to be malnourishment, it wasn't because people were just eating wasn't because people were just eating poor food. It was because they weren't poor food. It was because they weren't eating enough food. So, a lot of this is eating enough food. So, a lot of this is truly about disease prevention. It's truly about disease prevention. It's like ricketetts, scurvy, cexia, where like ricketetts, scurvy, cexia, where you're really just like wasting away.

you're really just like wasting away. >> And these were problems they were >> And these were problems they were dealing with. dealing with. >> And these were problems that they were >> And these were problems that they were still dealing with. Yeah. I mean, okay.

still dealing with. Yeah. I mean, okay. So that and then the second thing would So that and then the second thing would be that the other reason why these be that the other reason why these numbers are not as useful is because numbers are not as useful is because they don't account for especially in the they don't account for especially in the United States I would say how fat people United States I would say how fat people are. So Americans nowadays are so fat are. So Americans nowadays are so fat that they really need to focus on a that they really need to focus on a greater intake of protein so that they greater intake of protein so that they can enhance metabolism, enhance can enhance metabolism, enhance muscle building. Most of them have a sedentary building. Most of them have a sedentary life for the purposes of aiding in not life for the purposes of aiding in not only building muscle but aiding in only building muscle but aiding in burning some of that fat.

burning some of that fat. you know, um, in order to grow muscle, you know, um, in order to grow muscle, it's it's something it's anabolism. It's it's it's something it's anabolism. It's anabolic and people have heard that anabolic and people have heard that term.

term. term. >> Yeah. Anabolism is what you said, which >> Yeah. Anabolism is what you said, which means building. means building. >> Building. Uh, so in order to get into >> Building. Uh, so in order to get into that anabolic state or the state of that anabolic state or the state of anabolism, um, you need protein and you anabolism, um, you need protein and you specifically need animal protein. So now specifically need animal protein. So now let's start talking about what's the let's start talking about what's the what's the best uh type and it's what's the best uh type and it's certainly animal protein, but well certainly animal protein, but well actually before we get to that, actually before we get to that, >> what's the best dose now? So let's talk >> what's the best dose now? So let's talk about the actual amount of grams about the actual amount of grams uh that you need in a particular day. Um uh that you need in a particular day. Um so we can actually break this down and I so we can actually break this

down and I was looking at some research on this. So was looking at some research on this. So you can break this down per meal. So you can break this down per meal. So what can you actually assimilate in one what can you actually assimilate in one particular meal? You need 0.25 gram of particular meal? You need 0.25 gram of or you can ingest and would therefore or you can ingest and would therefore need about a quarter of a gram.25 gram need about a quarter of a gram.25 gram of protein per pound of weight per meal.

of protein per pound of weight per meal. I'm sorry. Ingest or digest per meal? I'm sorry. Ingest or digest per meal? >> Because you can ingest way more than >> Because you can ingest way more than that.

that. that. >> Good question. You need that is what you >> Good question. You need that is what you should ingest to properly digest. should ingest to properly digest.

>> Talking about minimums, of course. Okay. >> Talking about minimums, of course. Okay. Right. Cuz that's a good point and we'll Right. Cuz that's a good point and we'll talk about that because there is that's talk about that because there is that's where a lot of these um these things where a lot of these um these things come down to is our ability to come down to is our ability to assimilate it to actually break it down assimilate it to actually break it down and use and use >> these protein sources. Are we actually >> these protein sources. Are we actually assimilate? We're jumping the gun a assimilate? We're jumping the gun a little bit. We'll get to that.

little bit. We'll get to that. >> But a quarter of a gram per pound of >> But a quarter of a gram per pound of body weight. So, uh, a 100 pound, uh, body weight. So, uh, a 100 pound, uh, person is going to need 25. They would person is going to need 25. They would be able to do 25 grams in one particular be able to do 25 grams in one particular meal, and that's about what they should meal, and that's about what they should should shoot for. But, interestingly, should shoot for. But, interestingly, it's usually not more than 30, maybe it's usually not more than 30, maybe upwards of 50 grams for most people. So, upwards of 50 grams for most people. So, like I said, 100 pound person, it should like I said, 100 pound person, it should be about 25 grams, and they're going to be about 25 grams, and they're going to be able to properly assimilate that.

be able to properly assimilate that. But, and here's the rub. But, and here's the rub. If somebody, we were just talking about If somebody, we were just talking about this the other day.

this the other day. >> Yeah. >> Yeah. >> Yeah. >> If someone is ingesting under 20 grams >> If someone is ingesting under 20 grams of protein in a meal, of protein in a meal, >> then most of that protein gets converted >> then most of that protein gets converted to glucose. So, here we go. We got to glucose. So, here we go. We got patients that are saying to us when, you patients that are saying to us when, you know, what are the numbers? I'm saying know, what are the numbers? I'm saying add it all up. But they just had a meal add it all up.

Protein timing myths

But they just had a meal of 10 grams of protein because they took of 10 grams of protein because they took a scoop of collagen and then added it to a scoop of collagen and then added it to their tea. Unfortunately, that's not their tea. Unfortunately, that's not going to count.

going to count. >> Yeah. I just want to say out there to >> Yeah. I just want to say out there to myself and to all my patients, I this is myself and to all my patients, I this is new information for me and this really new information for me and this really does I think go against some of the does I think go against some of the advice that I've been giving because I'm advice that I've been giving because I'm always looking at it for the day. I'm always looking at it for the day. I'm always saying this is how much protein always saying this is how much protein you need in the day and because I tend you need in the day and because I tend to not eat large portions at one time.

to not eat large portions at one time. I'm always thinking, okay, I sprinkled I'm always thinking, okay, I sprinkled in my 10, I sprinkled in my 20, I in my 10, I sprinkled in my 20, I sprinkled in my 15, and then at the end sprinkled in my 15, and then at the end of the day, I got my 100 grams. Mhm.

of the day, I got my 100 grams. Mhm. >> Okay. But now I'm learning I mean this >> Okay. But now I'm learning I

mean this is like totally revolutionary that this is like totally revolutionary that this idea of like mulettes is actually a idea of like mulettes is actually a bunch of baloney.

bunch of baloney. >> Mhm. [clears throat] >> Mhm. [clears throat] >> So as we get through the end as we get >> So as we get through the end as we get through the material I'm going to through the material I'm going to formulate what I think is really my plan formulate what I think is really my plan my recommendation for patients and for my recommendation for patients and for myself.

myself. myself. >> You don't want to do that now. >> You don't want to do that now. >> Well I just want to make sure that we've >> Well I just want to make sure that we've really cuz sometimes I change my mind as really cuz sometimes I change my mind as we talk.

we talk. >> Right. Okay. >> Right. Okay. >> And I'm like that was brilliant but this >> And I'm like that was brilliant but this is more brilliant. Um, is more brilliant. Um, >> you don't have to cover your eyes. It's >> you don't have to cover your eyes. It's so bright. Um, anyways, the point is so bright. Um, anyways, the point is though that idea of sprinkling in the though that idea of sprinkling in the protein is not actually helping me build protein is not actually helping me build muscle, which is very validating because muscle, which is very validating because >> a month will go by, I recheck my body >> a month will go by, I recheck my body composition. I'm like, son of a composition. I'm like, son of a >> I didn't put any muscle mass on >> I didn't put any muscle mass on >> and I'm so focused on hitting the >> and I'm so focused on hitting the numbers numbers numbers tracker, right?

tracker, right? >> Anyway, go ahead. >> Anyway, go ahead. >> So, yeah. So unfortunately uh you know >> So, yeah. So unfortunately uh you know most people are going to need to get most people are going to need to get above 20 per meal above 20 per meal >> and then the other side of it the >> and then the other side of it the pendulum swings the other direction pendulum swings the other direction pretty much over 50 you're not really pretty much over 50 you're not really well excuse me I don't want to say well excuse me I don't want to say you're going to get your gains for yeah you're going to get your gains for yeah muscle but you look if some of this muscle but you look if some of this actually converts to glucose because you actually converts to glucose because you got energy from it that's not got energy from it that's not necessarily in and of itself a bad necessarily in and of itself a bad thing. Um, it just means that when we're thing. Um, it just means that when we're talking about muscle here in this talking about muscle here in this conversation, there are those limits.

conversation, there are those limits. So, yes, it's got to be over 20 and no So, yes, it's got to be over 20 and no more than 50 per meal at a time. If it more than 50 per meal at a time. If it goes goes goes >> for muscle building, >> for muscle building, >> for muscle building and the fact that if >> for muscle building and the fact that if it goes over 50, same problem. If it was it goes over 50, same problem. If it was under 20, if it goes over 50, you're under 20, if it goes over 50, you're going to convert it to glucose, going to convert it to glucose, >> right? Okay. So, this is a very, >> right? Okay. So, this is a very, >> which by the way, this is this is >> which by the way, this is this is important for those people who are into important for those people who are into uh keto that we don't hear as much about uh keto that we don't hear as much about that. That was really hot.

that. That was really hot. five to seven, eight years ago, we were five to seven, eight years ago, we were dealing with it all the time. Everyone dealing with it all the time. Everyone was talking about keto at the time.

was talking about keto at the time. >> And you will you will knock yourself out >> And you will you will knock yourself out of ketosis if your protein level goes of ketosis if your protein level goes too high, but that's really going too too high, but that's really going too high per meal. Per meal.

high per meal. Per meal. >> That's really mostly what >> That's really mostly what >> and this explains why. >> and this explains why. >> Yeah, because people go, "Well, I'm not >> Yeah, because people go, "Well, I'm not eating anything else." And they're eating anything else." And they're really eating more than 50 grams in a really eating more than 50 grams in a particular meal. And then they're particular meal. And then they're converted, they're making glucose then converted, they're making glucose then and that's knocking them out of ketosis.

and that's knocking them out of ketosis. So this is useful to clarification to So this is useful to clarification to your

point that it doesn't mean under 20 your point that it doesn't mean under 20 or over 50 doesn't have benefit. So I or over 50 doesn't have benefit. So I will still say for those not benefit for will still say for those not benefit for >> for muscle building. I will still say >> for muscle building. I will still say for those patients of mine where I'm for those patients of mine where I'm working on their um blood sugar working on their um blood sugar management especially in cases of management especially in cases of adrenal dysfunction or height and stress adrenal dysfunction or height and stress etc. Right. So there's still benefit to etc. Right. So there's still benefit to that frequency of eating. But if we're that frequency of eating. But if we're talking specifically about muscle talking specifically about muscle building you want to get between 20 to building you want to get between 20 to 50 gram per serving. Yeah. So, since you 50 gram per serving. Yeah.

Best protein sources for muscle

So, since you just said that and okay, let's explain just said that and okay, let's explain that a little bit more so people that a little bit more so people understand. That's a glycemic index understand. That's a glycemic index situation. And this is what's great situation. And this is what's great about protein. Protein's going to have about protein. Protein's going to have an if it is going to convert, it's going an if it is going to convert, it's going to have an extremely low glycemic index to have an extremely low glycemic index rating. It's going to, you know, it's rating. It's going to, you know, it's not going to spike your your sugar. It's not going to spike your your sugar. It's going to be really really subtle how going to be really really subtle how it's going to do it. And again, it's it's going to do it. And again, it's going to convert. And that takes time.

going to convert. And that takes time. It literally takes metabolic energy to It literally takes metabolic energy to do that. So that wouldn't necessarily be do that. So that wouldn't necessarily be a bad thing in and of itself based on a bad thing in and of itself based on what you just said there.

what you just said there. >> Well, it's it it's still a good thing if >> Well, it's it it's still a good thing if it's our recommendation. We just want to it's our recommendation. We just want to make sure we're not recommending that make sure we're not recommending that technique for muscle building.

technique for muscle building. >> Muscle building. Correct. Okay. >> Muscle building. Correct. Okay. >> So that's [clears throat] a good nuance >> So that's [clears throat] a good nuance that that we're saying there. And so in that that we're saying there. And so in general, what what is then the per day general, what what is then the per day total? And the per day total is about.7 total? And the per day total is about.7 grams per pound of body weight. That is grams per pound of body weight. That is the barest minimum, guys. If you're the barest minimum, guys. If you're looking to build muscle, men or women, 7 looking to build muscle, men or women, 7 per pound of body weight is the barest per pound of body weight is the barest minimum. But really the generic number minimum. But really the generic number and I this number goes back I mean for and I this number goes back I mean for me since the 80s as a kid reading muscle me since the 80s as a kid reading muscle fitness magazine it's one pound one gram fitness magazine it's one pound one gram per pound body weight is per pound body weight is >> generally and it's an easy formula to >> generally and it's an easy formula to remember. So I think it's really remember. So I think it's really important for the audience out there important for the audience out there like we're listing a bunch of notes like we're listing a bunch of notes here. you'll get them in your substack.

here. you'll get them in your substack. But the thing that you need to take away But the thing that you need to take away right away is, am I getting at least right away is, am I getting at least that one pound uh excuse me, that one that one pound uh excuse me, that one gram per pound of lean body weight that gram per pound of lean body weight that I'm hoping to achieve? So again, I'm hoping to achieve? So again, >> well, there there's a difference there.

>> well, there there's a difference there. Holden, could you and I was just getting Holden, could you and I was just getting ready to say that. So again, hopefully ready to say that. So again, hopefully not we're confusing people too much.

not we're confusing people too much. There's one pound of lean body mass or There's one pound of lean body mass or there's just one pound of weight. The there's just one pound of weight. The standard bodybuilding

approach has standard bodybuilding approach has always just been pound of weight. I always just been pound of weight. I weigh 200 lb. I need 200 grams of weigh 200 lb. I need 200 grams of protein. But what we tend to do because protein. But what we tend to do because we have a really good measurement tool we have a really good measurement tool for patients with the scales that we for patients with the scales that we use, we can show them lean mass. So use, we can show them lean mass. So really, if we're getting super really, if we're getting super technical, it's one gram of protein per technical, it's one gram of protein per pound of lean mass. So you know, pound of lean mass. So you know, somebody they might weigh 200 lb, but somebody they might weigh 200 lb, but their lean mass is 150.

their lean mass is 150. >> Okay. Yeah. >> Okay. Yeah. Yeah. Yeah. Yeah. >> What are you struggling with that? >> What are you struggling with that? >> No. No, I'm not. I I'm not at all. It's >> No. No, I'm not. I I'm not at all. It's just it's a good point. I added more just it's a good point. I added more information perhaps than we needed at information perhaps than we needed at the moment. What I want people to the moment. What I want people to remember is a gram per pound.

remember is a gram per pound. >> A gram per pound. I think that's the >> A gram per pound. I think that's the easiest formula for people to succeed easiest formula for people to succeed at. And the reason I always think lean at. And the reason I always think lean is because I'm always thinking about is because I'm always thinking about gaining. So for me, it's 120 lbs is the gaining. So for me, it's 120 lbs is the number that I 120 gram is the number number that I 120 gram is the number that I shoot for. 120 grams is the that I shoot for. 120 grams is the number that I shoot for. I don't weigh number that I shoot for. I don't weigh 120 lb. I'm shooting for more.

120 lb. I'm shooting for more. >> Anyway, >> Anyway, >> Anyway, >> yeah. I mean, look, >> yeah. I mean, look, I don't mean to belabor this point, but I don't mean to belabor this point, but if you have a patient who's now a female if you have a patient who's now a female who's 200 lb and a lot of that is fat, who's 200 lb and a lot of that is fat, and literally it could be she has 100 and literally it could be she has 100 pounds of fat on her frame and 100 pounds of fat on her frame and 100 pounds of lean mass, telling her to do pounds of lean mass, telling her to do 200 gram of protein isn't necessary. No, 200 gram of protein isn't necessary. No, >> she could get away with the hundreds.

>> she could get away with the hundreds. That's why I was saying I I added more That's why I was saying I I added more information because I'm always thinking information because I'm always thinking about the gains gains gains, but the about the gains gains gains, but the reality is that's not what's most reality is that's not what's most useful, useful, useful, >> right? So, >> right? So, >> so there's some nuance there, but >> so there's some nuance there, but generally speaking, these are not, generally speaking, these are not, right?

right? right? >> That became a little bit of a >> That became a little bit of a >> a roller coaster there. >> a roller coaster there. >> Yeah. So, okay, then let's resummize it.

>> Yeah. So, okay, then let's resummize it. What What are we saying here about Let's What What are we saying here about Let's go with 7 grams per pound of body go with 7 grams per pound of body weight. Somewhere around there. One gram weight. Somewhere around there. One gram of one gram per pound if it's lean mass.

of one gram per pound if it's lean mass. >> Okay. >> Okay. >> Okay. >> All right. >> All right. Perry workout nutrition. I now here's Perry workout nutrition. I now here's something that I as I dug into the something that I as I dug into the research a little bit more, let's say research a little bit more, let's say more recent research because I had seen more recent research because I had seen research in the past about this and now research in the past about this and now the newer understanding. I've been the newer understanding. I've been telling patients about Perryworkout telling patients about Perryworkout nutrition for forever and the word Perry nutrition for forever and the word Perry just means around. So, the nutrition just means around. So, the nutrition that you put in, the protein that you that you put in, the protein that you would put into your body before, during, would put into your body before, during, and immediately after a workout, and immediately after a workout, and do you actually have to have um all and do you actually have to have um all of that protein around the time of the of that protein around the time of the workout?

workout? workout? >> And really, the the science is now kind >> And really, the the science is now kind of saying,

no, you really don't. Um you of saying, no, you really don't. Um you it's just what did you get in in that it's just what did you get in in that day? Did you get your number for that day? Did you get your number for that day? And back to our nuance of saying day?

Why people under-eat protein

And back to our nuance of saying was it at least over 20 gram per per was it at least over 20 gram per per meal proceeding. meal proceeding. >> Um so but with all that said a lot of >> Um so but with all that said a lot of patients still go in I think part of the patients still go in I think part of the problem with this is if I say to a problem with this is if I say to a patient you don't need to actually eat patient you don't need to actually eat around the time of the workout. Just around the time of the workout. Just make sure you hit your numbers for the make sure you hit your numbers for the day. It's too much time has gone by and day. It's too much time has gone by and it's harder for her to get that protein it's harder for her to get that protein in for the rest of the day. But if I'm in for the rest of the day. But if I'm if we're trying to get it, you know, if we're trying to get it, you know, right before a workout, think about right before a workout, think about them. Yeah. They got to drive to the them. Yeah. They got to drive to the gym, they're at the gym, after the gym.

gym, they're at the gym, after the gym. All that time that's gone by. It's All that time that's gone by. It's burned a good amount of hours. Yeah. burned a good amount of hours. Yeah.

>> So, I just get concerned about the >> So, I just get concerned about the practicality of that. practicality of that. >> But if we're saying technically >> But if we're saying technically technically is you're hitting your technically is you're hitting your number, you're hitting your number.

number, you're hitting your number. >> But I still would suggest that at least >> But I still would suggest that at least having something before a workout is having something before a workout is probably going to make your overall probably going to make your overall goals of hitting your protein numbers in goals of hitting your protein numbers in the day easier.

the day easier. >> Yeah. And and that's the thing is that I >> Yeah. And and that's the thing is that I think because think because women in general, again, I know we're women in general, again, I know we're supposed to be talking about both men supposed to be talking about both men and women, but I'll speak to my patients and women, but I'll speak to my patients and my personal experience. Women in and my personal experience. Women in general will undereat in the earlier general will undereat in the earlier part of the day. Well, I think probably part of the day. Well, I think probably Americans in general undereat in the Americans in general undereat in the earlier part of the day, which is the earlier part of the day, which is the opposite of what we should be doing. So, opposite of what we should be doing. So, what happens is that a lot of these what happens is that a lot of these females are going to the gym and they females are going to the gym and they haven't been fully they haven't been haven't been fully they haven't been properly nourished before their workout properly nourished before their workout >> and they're gassing out.

>> and they're gassing out. >> That's perfect. >> That's perfect. >> Excuse me. [clears throat] they're >> Excuse me. [clears throat] they're gassing out during their workout. So, if gassing out during their workout. So, if you're really good, if the person you're really good, if the person listening is really good about getting listening is really good about getting in a, you know, a proper breakfast and a in a, you know, a proper breakfast and a proper meal, that 20 to 50 grams in a proper meal, that 20 to 50 grams in a meal before a workout, great. But a lot meal before a workout, great. But a lot of women aren't doing that. So, I will of women aren't doing that. So, I will often say, get in that protein shake, often say, get in that protein shake, mix that up, keep it simple, water and mix that up, keep it simple, water and protein powder. You're going to get protein powder. You're going to get about those 20 grams. and they need to about those 20 grams. and they need to be sipping that before their workout, be sipping that before their workout, like on the way to the gym and while like on the way to the gym and while they're doing their workout to ensure they're doing their workout to ensure that they're getting in the muscle that they're getting in the muscle support that they need and also that support that they need and also that they don't gas out, they don't get drops they don't gas out, they don't get drops in blood sugar, etc.

in blood sugar, etc. >> I think it's the biggest thing. I think >> I think it's the biggest thing. I think people gas out. I think that's really a people gas out. I think that's really a big big part of it. And if you're not if big big part of it. And if you're not if you don't have the literal strength or you don't have the literal strength or ability to contract muscle, it's harder ability to contract muscle, it's harder to get that stimulus that you're looking to get that stimulus that you're looking for.

for. for. >> Um so yeah, uh that's the best answer >> Um so yeah, uh that's the best answer there. Technically, no, you don't have there. Technically, no, you don't have to if you hit your numbers, but to if you hit your numbers, but ultimately we still think for most of ultimately we still think for most of our patients, for the for the usual our patients, for the for the usual patient, it's probably better to eat patient, it's probably better to eat before.

before. before. >> I mean, this is an excellent point to >> I mean, this is an excellent point to demonstrate the difference between um demonstrate the difference between um research and data and [clears throat] research and data and [clears throat] what's practical. And I think that's one what's practical. And I think that's one of the things that you and I really of the things that you and I really offer our patients is this idea of offer our patients is this idea of common sense medicine. I mention it common sense medicine. I mention it probably in every single episode because probably in every single episode because what's common sense? Common sense is if what's common sense? Common sense is if you haven't eaten all day and then you you haven't eaten all day and then you go to the gym, you don't have the fuel go to the gym, you don't have the fuel your body needs. Okay. But you had made your body needs. Okay. But you had made a very important point which was that a very important point which was that hit your numbers per day. So what is hit your numbers per day. So what is also true is that if the person didn't also true is that if the person didn't hit their numbers the day before, hit their numbers the day before, >> right? That's probably the biggest >> right? That's probably the biggest thing.

thing. thing. >> And then they're going in already a >> And then they're going in already a little bit underfed from the day of, little bit underfed from the day of, you're going in with a super empty tank.

you're going in with a super empty tank. You're exerting more energy. You're You're exerting more energy. You're exerting more calories. And then you exerting more calories. And then you expect your body to build muscle. It's expect your body to build muscle. It's not going to happen, not going to happen, >> right? So, hit your numbers. But how do >> right? So, hit your numbers. But how do we know what those numbers are? And we know what those numbers are? And here's a big thing that patients are here's a big thing that patients are always saying. Okay, well, how do I how always saying. Okay, well, how do I how do I track the protein? So, they come up do I track the protein? So, they come up with a number. Let's say their number is with a number. Let's say their number is 100 for the day. They need to hit 100.

100 for the day. They need to hit 100. >> How do they know what that is? And so, >> How do they know what that is? And so, some people come in and they they really some people come in and they they really have no idea even rough idea how much have no idea even rough idea how much protein is in an egg for protein is in an egg for >> I would say most people don't. Yeah.

>> I would say most people don't. Yeah. >> Unless they've been doing this, >> Unless they've been doing this, >> right? So, we usually recommend and >> right? So, we usually recommend and we've been recommending this for years we've been recommending this for years is My Fitness Pal.

is My Fitness Pal. >> Yeah. >> Yeah. >> Yeah. >> That's just It's a very robust uh app. >> That's just It's a very robust uh app. It's easy to use. It's easy to use.

>> If I can use it, >> If I can use it, >> that's usually a good sign. >> that's usually a good sign. >> I I I It's It's pretty userfriendly. >> I I I It's It's pretty userfriendly.

It's got every food known to man in it. It's got every food known to man in it. Um it does cost a little bit to get the Um it does cost a little bit to get the full sort of uh experience for the app full sort of uh experience for the app and uh we highly recommend it, but it and uh we highly recommend it, but it doesn't have to be that one. I I'll I'll doesn't have to be that one. I I'll I'll mention this to some patients and other mention this to some patients and other

patients have already been tracking. I'm patients have already been tracking. I'm using um I think it's called N and using um I think it's called N and there's just other ones that are out there's just other ones that are out there and it doesn't have to be My there and it doesn't have to be My Fitness Pal and nowadays there's just so Fitness Pal and nowadays there's just so many options. So the point is get a many options. So the point is get a tracker that's going to be able to allow tracker that's going to be able to allow you to put every food in there that you to put every food in there that you've been eating throughout the day you've been eating throughout the day and then understand what what does it and then understand what what does it look like from a number standpoint? What look like from a number standpoint?

Ancestral diets & traditional preparation

What does it look like on a plate? What does does it look like on a plate? What does it feel like to ingest that 100 for the it feel like to ingest that 100 for the day? And then once you've done that for day? And then once you've done that for a while, a lot of think in a couple of a while, a lot of think in a couple of weeks, people will get a pretty good weeks, people will get a pretty good understanding.

understanding. understanding. >> Yeah, that's that's that's what I know. >> Yeah, that's that's that's what I know. I note that if you really want to be I note that if you really want to be serious about your health, I think you serious about your health, I think you must speak the language of protein. And must speak the language of protein. And it is like learning a new language.

it is like learning a new language. [cough] Sorry. [clears throat] [cough] Sorry. [clears throat] It's like learning a new language. It's like learning a new language.

You're studying it. You spend some time. You're studying it. You spend some time. It depends on how intense you look at it It depends on how intense you look at it or how good your memory is. But I mean, or how good your memory is. But I mean, obviously after 20 years of doing this obviously after 20 years of doing this and focusing on this, I have a pretty and focusing on this, I have a pretty good catalog in my head of how much, you good catalog in my head of how much, you know, the the the piece of chicken looks know, the the the piece of chicken looks like my fist or how many eggs I'm eating like my fist or how many eggs I'm eating or whatever and what does that equal or whatever and what does that equal protein-wise. I would say that that's protein-wise. I would say that that's what I've noticed with my patients as what I've noticed with my patients as well. I usually ask them to use a well. I usually ask them to use a tracker like you're describing in the tracker like you're describing in the beginning. I'm like, you don't have to beginning. I'm like, you don't have to count every cherry tomato you're count every cherry tomato you're consuming, but at least record your consuming, but at least record your protein so that you're learning what protein so that you're learning what does the right amount of protein look does the right amount of protein look like.

like. like. >> I think everybody needs to take some >> I think everybody needs to take some time in learning that language. time in learning that language.

>> There's another you just said about the >> There's another you just said about the fist and that reminds me. Um, so the fist and that reminds me. Um, so the other way to do it is roughly the size other way to do it is roughly the size of your palm.

of your palm. >> Mhm. is about three maybe four depending >> Mhm. is about three maybe four depending on the size of the palm but about three on the size of the palm but about three to four ounces of protein. So whether to four ounces of protein. So whether we're talking about chicken or beef or we're talking about chicken or beef or fish and then that's going to give fish and then that's going to give depending on the protein on the and depending on the protein on the and we're talking animal protein right now we're talking animal protein right now about 20 to 30 grams for that palmsized about 20 to 30 grams for that palmsized amount of protein roughly the the amount of protein roughly the the thickness of a of a deck of cards. So um thickness of a of a deck of cards. So um that also gives you that idea. So for that also gives you that idea. So for most people, if they're getting most people, if they're getting something that's that size three times a something that's that size three times a day, they're going to be pretty close to day, they're going to be pretty close to their number most of the time.

their number most of the time. >> Most of the time, if you can't answer >> Most of the time, if you can't answer immediately, how much protein protein immediately, how much protein protein did you consume yesterday?

did you consume yesterday? >> Then you need to take that as a sign >> Then you need to take that as a sign that you want to do these tricks. You that you want to do these tricks. You want to use a tracker, measure your want to use a tracker, measure your protein, learn the language of protein, protein, learn the language of protein, get it in your head so that it's get it in your head so that it's immediately usable and recallable, which immediately usable and recallable, which isn't a real word. and then you can say, isn't a real word. and then you can say, "Okay, I don't need to do this anymore." "Okay, I don't need to do this anymore." But if you're not measuring it, you But if you're not measuring it, you won't accomplish it.

won't accomplish it. >> The best form, and we've been already >> The best form, and we've been already kind of saying it, but the best kind of saying it, but the best proteins, it's it's animal. It it just proteins, it's it's animal. It it just is. And but let's get a little bit of is. And but let's get a little bit of some detail as to why. People always some detail as to why. People always want to know, by the way, when we're want to know, by the way, when we're also talking about your um your protein also talking about your um your protein intake for the day, and you're doing a intake for the day, and you're doing a tracker, and it's got beans and rice on tracker, and it's got beans and rice on there, and it's going to tell you uh a there, and it's going to tell you uh a protein amount. Let's say for beans, protein amount. Let's say for beans, beans is just not a complete protein.

beans is just not a complete protein. Um, so it the the protein needs to be Um, so it the the protein needs to be complete. And what that means is that complete. And what that means is that it's got all nine essential amino acids it's got all nine essential amino acids in it. And that's what makes it in it. And that's what makes it complete. But from there, there's complete. But from there, there's there's actually something called the there's actually something called the protein digestibility corrected amino protein digestibility corrected amino acid score, the PDCAS. So leave it to me acid score, the PDCAS. So leave it to me to dork out and figure that out um for to dork out and figure that out um for everybody. So what it's real simple, everybody. So what it's real simple, actually. It's just saying what's the actually. It's just saying what's the amino acid profile and what is the true amino acid profile and what is the true digestibility of that protein. So we can digestibility of that protein. So we can say any I mean almost there's many say any I mean almost there's many things have some level of protein in it.

things have some level of protein in it. Rice is going to have some protein in it Rice is going to have some protein in it but is it going to have the right amino but is it going to have the right amino acid profile and definitely is it going acid profile and definitely is it going to be truly digestible in comparison to to be truly digestible in comparison to a piece of chicken or a piece of steak a piece of chicken or a piece of steak or fish.

or fish. >> And so the high anabolic rating for >> And so the high anabolic rating for these things. So the this this uh score these things. So the this this uh score is related then back to how anabolic is related then back to how anabolic that protein is to help you to gain that protein is to help you to gain muscle.

muscle. muscle.

Muscle as a longevity organ

>> And without question whey protein, egg >> And without question whey protein, egg protein, milk, beef, chicken, pork, all protein, milk, beef, chicken, pork, all are going to have really really high are going to have really really high ratings for this, far more so than you'd ratings for this, far more so than you'd ever get. Um for ever get. Um for >> let's say soy and some of the I mean soy >> let's say soy and some of the I mean soy has protein in it. I can't say that it has protein in it. I can't say that it doesn't. uh it does but its ability of doesn't. uh it does but its ability of having the full amino acid profile and having the full amino acid profile and definitely the biggest thing would be definitely the biggest thing would be with soy for example is its with soy for example is its digestibility digestibility digestibility >> right and that's the thing about legumes >> right and that's the thing about legumes in general or beans obviously they are a in general or beans obviously they are a source of protein around the world they source of protein around the world they are relied upon but they're usually are relied upon but they're usually eaten in food combinations so that idea eaten in food combinations so that idea of beans and rice it's when you get of beans and

rice it's when you get those think what are the indigenous or those think what are the indigenous or the cultural food combinations that you the cultural food combinations that you see that's going to get you closer to see that's going to get you closer to that protein content of a complete that protein content of a complete protein like beans and rice. It's going protein like beans and rice. It's going to get you closer. But that's not the to get you closer. But that's not the way most vegetarians in the United way most vegetarians in the United States are consuming vegetable protein.

States are consuming vegetable protein. It's usually highly processed, which It's usually highly processed, which comes with its whole comes with its whole >> another >> another >> another >> list of problems and it's not actually >> list of problems and it's not actually muscle building. So, if you're going to muscle building. So, if you're going to rely more heavily on vegetarian sources rely more heavily on vegetarian sources of protein, first of all, I would of protein, first of all, I would strongly dissuade you from that being strongly dissuade you from that being your only source of protein. F. If your only source of protein. F. If you're doing this for ethical reasons or you're doing this for ethical reasons or emotional reasons that people will say, emotional reasons that people will say, then find peace with like shrimp. I then find peace with like shrimp. I don't know. They're not that cute and don't know. They're not that cute and they're good. Eggs like they're good. Eggs like >> No, find um what did I just learn in the >> No, find um what did I just learn in the girls class? The girls class? The >> I forgot the water bear. Anyway, forget >> I forgot the water bear. Anyway, forget it. It's not relevant. But I'll find it. It's not relevant. But I'll find >> the fish. No, it's some really weird >> the fish. No, it's some really weird like microscopic like microscopic animal that can survive being frozen. It animal that can survive being frozen. It can survive living in outer space.

can survive living in outer space. >> I know what you're saying. Yes. >> I know what you're saying. Yes. >> It's so ugly, >> It's so ugly, >> but it's super It's like microscopic.

>> but it's super It's like microscopic. >> Yeah. Yeah. It's really little. Anyway, >> Yeah. Yeah. It's really little. Anyway, tangent. The point is food combinations.

tangent. The point is food combinations. If you're going to do vegetarian diet, If you're going to do vegetarian diet, which you and I obviously are not which you and I obviously are not supporters of, you have to make sure supporters of, you have to make sure you're finding those complete proteins.

you're finding those complete proteins. >> Agreed. And again, this is even with the >> Agreed. And again, this is even with the complete protein. Let's say we get the complete protein. Let's say we get the beans and rice, we we can create a beans and rice, we we can create a complete protein. Is that going to have complete protein. Is that going to have the same anabolic rating? You had the same anabolic rating? You had mentioned it's just not going to be uh mentioned it's just not going to be uh as as good for muscle. Um so yes, can as as good for muscle. Um so yes, can like people say, "Well, you can survive like people say, "Well, you can survive on it. It has protein." This is true, on it. It has protein." This is true, but it doesn't necessarily make it but it doesn't necessarily make it highly anabolic. What we're trying to do highly anabolic. What we're trying to do here with this advice, because people here with this advice, because people are wanting more muscles so they can are wanting more muscles so they can feel better, look better, and lose the feel better, look better, and lose the fat, live longer, longer, all of these fat, live longer, longer, all of these things, right? Ultimately, you need things, right? Ultimately, you need these types of triggers because there's these types of triggers because there's an anabolic trigger that goes on with an anabolic trigger that goes on with these types of proteins we're talking these types of proteins we're talking about where you don't get that same about where you don't get that same anabolic trigger. You don't get the same anabolic trigger. You don't get the same literal bang for your buck with a beans literal bang for your buck with a beans and rice combination that's coming from and rice combination that's coming from vegetarian source. It's not going to vegetarian source. It's not going to give you that trigger, that anabolic give you that trigger, that anabolic trigger we're looking for.

trigger we're looking for. >> I mean, all of this, everything we >> I mean, all of this, everything we consume in our diet sends messages to consume in our diet sends messages to the body, right? And we've talked about the body, right? And we've talked about this when we're talking about artificial this when we're talking about artificial colors, artificial dyes, uh artificial colors, artificial dyes, uh artificial flavors, etc. It's the same thing when flavors, etc. It's the same thing when you're talking about your macros. The you're talking about your macros. The more carbheavy

your diet is, you're more carbheavy your diet is, you're going to be sending more messages of going to be sending more messages of inflammation. The more animal inflammation. The more animal proteinheavy your diet is, you're going proteinheavy your diet is, you're going to be sending messages of longevity, to be sending messages of longevity, wellness, and strength. So, what message wellness, and strength. So, what message do you want to send to your body? That's do you want to send to your body? That's the question.

the question. >> Here's another question. Um, and I think >> Here's another question. Um, and I think we were already kind of getting that. we were already kind of getting that.

Why why is it that our patients struggle Why why is it that our patients struggle so much with getting protein? What is it so much with getting protein? What is it about and protein? Why is it they about and protein? Why is it they struggle so much with animal protein?

struggle so much with animal protein? And I mean what's what what's behind all And I mean what's what what's behind all of that for most patients? of that for most patients?

>> And it's happens pretty quickly as well. >> And it's happens pretty quickly as well. I would say you know when you compare I would say you know when you compare the early 1900s to now that's 100red the early 1900s to now that's 100red years which is not a lot of time in you years which is not a lot of time in you know evolution of man. Um people in know evolution of man. Um people in again especially in this country they again especially in this country they don't have a varied diet. They have a don't have a varied diet. They have a very carbheavy diet and most you know very carbheavy diet and most you know that we've talked about this before that that we've talked about this before that idea of the ingredients house like most idea of the ingredients house like most proteins that are good for you need to proteins that are good for you need to be cooked and a lot of homes rely on be cooked and a lot of homes rely on ingredients that are already ingredients that are already semihomemade. They're already like semihomemade. They're already like semi-prepared.

semi-prepared. semi-prepared. I post pictures on um the sex talks of I post pictures on um the sex talks of like liver or canned fish and stuff like like liver or canned fish and stuff like that.

that. that. >> Yeah. That we eat. >> Yeah. That we eat. >> I can't tell you how many comments I get >> I can't tell you how many comments I get that people are like gross. [laughter] that people are like gross. [laughter] I always laugh when I see it. Then I I always laugh when I see it. Then I have those rare few that are like oh have those rare few that are like oh that looks good. But it's funny how many that looks good. But it's funny how many people actually take a minute to say people actually take a minute to say this is disgusting. And I'm like no this is disgusting. And I'm like no actually it's not. It's just new to you.

actually it's not. It's just new to you. You you know it's like how we used to You you know it's like how we used to look at sushi. It was new to the new to look at sushi. It was new to the new to Americans. So, how do you eat more Americans. So, how do you eat more protein? Start eating more protein.

protein? Start eating more protein. Experiment. Let your pallet adjust and Experiment. Let your pallet adjust and let your digestive system adjust. let your digestive system adjust.

Because the other thing is people have a Because the other thing is people have a hard time breaking down good proteins hard time breaking down good proteins because it's so not a common part of because it's so not a common part of their day-to-day diet that their their day-to-day diet that their digestive system isn't producing the digestive system isn't producing the enzymes that they need to properly break enzymes that they need to properly break it down and take advantage of how it down and take advantage of how digestible it is.

digestible it is. >> Yeah. >> Yeah. >> Yeah. >> So, that's another issue. >> So, that's another issue. >> And I think some of this comes down to >> And I think some of this comes down to the food pyramid. Um that was, you know, the food pyramid. Um that was, you know, one of the biggest scams that was one of the biggest scams that was perpetrated on us. Yeah. Right. It's perpetrated on us. Yeah. Right. It's right up there with the RDA. Um but the right up there with the RDA. Um but the food pyramid obviously put carbohydrate food pyramid obviously put

carbohydrate as at the bottom of the pyramid at the as at the bottom of the pyramid at the bulk of the It was a giant lie.

bulk of the It was a giant lie. >> Yeah. It was it was a huge lie. >> Yeah. It was it was a huge lie. >> So that's and we've all been taught that >> So that's and we've all been taught that and people still to this day I'll have and people still to this day I'll have patients that sort of say, "Well, what patients that sort of say, "Well, what about the food pyramid?" And and sort of about the food pyramid?

Our protein-building supplement stack

" And and sort of uh relying on defaulting back to what it uh relying on defaulting back to what it was that we've just been taught, was that we've just been taught, >> right? And if it if anything that has >> right? And if it if anything that has taught us here as of late, again, mostly taught us here as of late, again, mostly since, you know, post uh COVID, is that since, you know, post uh COVID, is that we need to question all of these things we need to question all of these things that whatever it is that they're that whatever it is that they're generically kind of telling us, usually generically kind of telling us, usually we should consider the opposite of what we should consider the opposite of what they're saying they're saying >> or at least be asking ourselves why. Why >> or at least be asking ourselves why. Why are they recommending grains as the are they recommending grains as the primary um source of food in your diet, primary um source of food in your diet, right? [snorts] right? [snorts] >> Why are they recommending that babies >> Why are they recommending that babies start with cereals, start with cereals, >> right? It's the most ridiculous >> right? It's the most ridiculous suggestion which perhaps is another suggestion which perhaps is another another another conversation for a different another conversation for a different day. But why would you start infants on day. But why would you start infants on the most inflammatory foods does make the most inflammatory foods does make sense?

sense? sense? >> Yeah. What I mean that question of why >> Yeah. What I mean that question of why where what is the uh benefit for them to where what is the uh benefit for them to do that? Why why I mean that and we do that? Why why I mean that and we should always ask those questions. Yeah.

should always ask those questions. Yeah. In general, I think kids eat too many In general, I think kids eat too many carbs. I mean you were just kind of carbs. I mean you were just kind of mentioning that they're just eating too mentioning that they're just eating too many carbs. people don't have many carbs. people don't have relationships with meat and that starts relationships with meat and that starts as with children. You know, we've uh uh as with children. You know, we've uh uh we've got plenty of videos of our kids we've got plenty of videos of our kids eating all kinds of things that they eating all kinds of things that they were introduced at a very very young age were introduced at a very very young age that um we find it's really important.

that um we find it's really important. Sometimes they say they might not like Sometimes they say they might not like it. Uh we say, "Yeah, just put it on the it. Uh we say, "Yeah, just put it on the plate. Just just leave it there for a plate. Just just leave it there for a minute." And then over time, it's minute." And then over time, it's amazing how they will evolve uh to amazing how they will evolve uh to trying those things, especially they trying those things, especially they they you know, kids do what they what they you know, kids do what they what they're exposed to over time. It might they're exposed to over time. It might not be immediate, but it is important to not be immediate, but it is important to make sure we're exposing them to as many make sure we're exposing them to as many options as possible. Even to the point options as possible. Even to the point where like there's things that I just where like there's things that I just flat out might not like, flat out might not like, >> but we've gone out of our way to say, >> but we've gone out of our way to say, "Well, just cuz we may not have a "Well, just cuz we may not have a preference for it, maybe they will." And preference for it, maybe they will." And we don't try to um taint them in that we don't try to um taint them in that direction. I think a lot of times kids direction. I think a lot of times kids eat what their parents eat because the eat what their parents eat because the parents go, "This is good and that this parents go, "This is good and that this isn't." isn't." isn't." >> Or parents will often say, if a kid's >> Or parents will often say, if a kid's like, "Oh, what is that?" Then the like, "Oh, what is that?" Then the parent will say, "I don't think you're parent will say, "I don't think you're going to like it, but go ahead." Every going to like it, but go ahead." Every time I hear that, I'm like, You know, time I hear that, I'm like, You know, most parents know the idea that you need most parents know the idea that you need to expose kids about six times to foods to expose kids about six times to

foods that they say they don't like because that they say they don't like because first of all, you need the weirdness and first of all, you need the weirdness and the strange factor to go away for the the strange factor to go away for the kid. And the second reason is usually kid. And the second reason is usually because you need the pallet to adjust.

because you need the pallet to adjust. That rule applies to adults. If an adult That rule applies to adults. If an adult says, "Oh, I don't like that." Then I says, "Oh, I don't like that." Then I say, "Okay, try it anyway. Go ahead, put say, "Okay, try it anyway. Go ahead, put it on your plate. Let it sit there and it on your plate. Let it sit there and then make sure you reexpose yourself to then make sure you reexpose yourself to that food at least six times with as that food at least six times with as open a mind as possible because a lot of open a mind as possible because a lot of times you just need your tongue and your times you just need your tongue and your brain to get on the same page about, brain to get on the same page about, huh, this is interesting. It's like how huh, this is interesting. It's like how many people when they were kids tasted many people when they were kids tasted wine or beer and didn't like it. How wine or beer and didn't like it. How many adults like wine and beer now?

many adults like wine and beer now? >> Mhm. >> Mhm. >> Mhm. >> Oh, if that's true for alcohol, then I'm >> Oh, if that's true for alcohol, then I'm sure that it can be true for other sure that it can be true for other foods.

foods. foods. remember the China study remember the China study and everyone that kind of came out in I and everyone that kind of came out in I don't know about 2006 or seven or so and don't know about 2006 or seven or so and everyone was talking about that. I had everyone was talking about that. I had patients coming in talking about that.

patients coming in talking about that. It was early early on in my career and It was early early on in my career and uh they were talking about that study uh they were talking about that study that essentially just said that meat was that essentially just said that meat was causing cancer and this is based on a causing cancer and this is based on a sort of population studies in China. And sort of population studies in China. And that study, I mean, it I mean, it's that study, I mean, it I mean, it's been debunked a million times over. Um, even debunked a million times over. Um, even actually using their own data, showing actually using their own data, showing that um the cancer rates were actually that um the cancer rates were actually lower. It was just how they were lower. It was just how they were cherrypicking it all. And you know, it cherrypicking it all. And you know, it was just wrong. Um, but again, was just wrong. Um, but again, still every once in a while the patient still every once in a while the patient might say something about the China might say something about the China study. But either way, this this attack study. But either way, this this attack on animal protein and saying that it was on animal protein and saying that it was causing cancer. Now, I mean, we've been causing cancer. Now, I mean, we've been posting certain things with this.

posting certain things with this. There's there's studies showing that it There's there's studies showing that it is absolutely anti-cancer uh in [snorts] is absolutely anti-cancer uh in [snorts] so many different ways and at the barest so many different ways and at the barest minimum no matter what it's not there's minimum no matter what it's not there's no causal link like they were trying to no causal link like they were trying to say or there was I remember even god in say or there was I remember even god in the '9s they would say you know the the '9s they would say you know the charred nature you know the nitrites charred nature you know the nitrites that are that are that are created that are that are that are created through grilling somehow through grilling somehow >> causing cancer and all of these things >> causing cancer and all of these things are just uh just wrong and it's also are just uh just wrong and it's also back to your comment about common sense back to your comment about common sense It's just outside of common sense. It's It's just outside of common sense. It's outside of what it is that we've done outside of what it is that we've done for millennia uh as as humans. Um and for millennia uh as as humans. Um and that's really kind of leading into what that's really kind of leading into what did our ancestors eat? And you know, we did our ancestors eat? And you know, we talk a lot about this snowing.

talk a lot about this snowing. >> I'm sorry. I just want to interrupt for >> I'm sorry.

Final thoughts

I just want to interrupt for a minute to talk about this idea of a minute to talk about this idea of eating the meat like

you were saying eating the meat like you were saying about it causing cancer. I think what is about it causing cancer. I think what is important is to take a minute to call important is to take a minute to call out the fact that it does have to do out the fact that it does have to do with the quality of the meats that with the quality of the meats that you're buying. Like I had said um you you're buying. Like I had said um you need to buy good quality protein. rather need to buy good quality protein. rather a person eat a smaller portion of steak a person eat a smaller portion of steak than have I mean 4 ounces go ahead like than have I mean 4 ounces go ahead like you were saying about the palm you know you were saying about the palm you know it's a for the average sized person it's it's a for the average sized person it's going to be a reasonable amount of red going to be a reasonable amount of red meat meat meat >> because people say oh it's expensive but >> because people say oh it's expensive but then I saw this great meme the other day then I saw this great meme the other day that showed a coffee for $8.99 at that showed a coffee for $8.99 at Starbucks and then it showed a pound of Starbucks and then it showed a pound of ground beef American ground beef American >> Mhm. [clears throat] raised >> Mhm. [clears throat] raised >> American product 8.99 a pound um ground >> American product 8.99 a pound um ground beef and the meme was saying really beef and the meme was saying really $8.99's expensive because you're buying $8.99's expensive because you're buying that coffee every darn day that coffee every darn day >> right so yes the quality matters the >> right so yes the quality matters the source matters support American ranchers source matters support American ranchers eat good quality American meat it's what eat good quality American meat it's what we're known for around the world and if we're known for around the world and if you have to take a smaller portion of you have to take a smaller portion of that meat so that you can let's say fit that meat so that you can let's say fit it into your budget then do so just make it into your budget then do so just make it a good quality product.

it a good quality product. >> Agreed. And I those quality products uh >> Agreed. And I those quality products uh would have been standard uh for our would have been standard uh for our ancestors. It just it just would have ancestors. It just it just would have been it wouldn't have been something been it wouldn't have been something they had to say, "Well, grass-fed." It they had to say, "Well, grass-fed." It was just automatically that, was just automatically that, >> right?

>> right? >> right? >> And they weren't importing it from >> And they weren't importing it from across the world. They were eating across the world. They were eating whatever was whatever was >> correct, >> correct, >> correct, >> their butcher next door. Yeah.

>> their butcher next door. Yeah. >> So, I mean, again, our ancestors were >> So, I mean, again, our ancestors were eating that type of diet. We talk about eating that type of diet. We talk about the ancestral diet all the time. We're the ancestral diet all the time. We're big fans of uh the Western Price big fans of uh the Western Price Foundation when people want to know like Foundation when people want to know like well how do we generally eat? What do we well how do we generally eat? What do we certainly think is better for health certainly think is better for health that kind of gives a patient a pretty that kind of gives a patient a pretty good understanding. The Western Price good understanding. The Western Price Foundation um and the ancestral diet um Foundation um and the ancestral diet um fermentation uh these types of things I fermentation uh these types of things I think are so incredibly important on how think are so incredibly important on how things were prepared. Um and nose to things were prepared. Um and nose to tail.

tail. tail. >> Yeah, I love that. >> Yeah, I love that. >> That's a great way to introduce organ >> That's a great way to introduce organ meat. We buy that. I've posted about it.

meat. We buy that. I've posted about it. We buy these ancestral blends. Ground We buy these ancestral blends. Ground beef that has organ meat finely chopped beef that has organ meat finely chopped into it and mixed into it is a great way into it and mixed into it is a great way to start accustoming Oh my gosh, I to start accustoming Oh my gosh, I really can't talk today. It's a great really can't talk today. It's a great way to start um getting your pallet and way to start um getting your pallet and your digestive system your digestive system ready and ready and >> adapting. That's what I'm trying to say.

>> adapting. That's what I'm trying to say. That it it starts adapting to that That it it starts adapting to that flavor. And so flavor. And so >> and a lot of times you don't even know >> and a lot of times you don't even know it's there. I mean, we've been saying it's there. I mean, we've been saying that for years now. Now, you can that for years now.

Now, you can actually get it already prepackaged.

actually get it already prepackaged. It's kind of very easy to find that. But It's kind of very easy to find that. But it used to be that I would say take it used to be that I would say take ground beef ground beef >> and take, let's say, at least liver and >> and take, let's say, at least liver and chop up the liver, uh, the raw liver chop up the liver, uh, the raw liver into just like a paste and then just mix into just like a paste and then just mix it into the ground beef it into the ground beef >> and then make a hamburger and you'll >> and then make a hamburger and you'll never know it was there. Your body will never know it was there. Your body will know it's there, but you don't know it's there, but you don't necessarily like, oh, I'm eat a bunch of necessarily like, oh, I'm eat a bunch of liver. But that's part of that slow liver. But that's part of that slow conditioning process for your conditioning process for your >> and your kids won't know it's there. And >> and your kids won't know it's there. And I'm not really into like deceiving I'm not really into like deceiving children about what they're eating. On children about what they're eating. On the contrary, I want them to be very the contrary, I want them to be very like aware and open-minded. But if your like aware and open-minded. But if your kids are already a little bit older and kids are already a little bit older and you fear that they're stuck in their way you fear that they're stuck in their way or your, let's say, your spouse is a or your, let's say, your spouse is a little bit stuck in their way, that's a little bit stuck in their way, that's a really good way to introduce those really good way to introduce those things without them knowing. And once things without them knowing. And once they're like, "Oh yeah, this is good. I they're like, "Oh yeah, this is good. I liked it." You know, they're used to it.

liked it." You know, they're used to it. Then you can say, "Great. It has this." Then you can say, "Great. It has this." And then most people will say, "Oh, And then most people will say, "Oh, okay." Okay. You know, anyway, okay." Okay. You know, anyway, >> all those things have such an important >> all those things have such an important um um um >> I think it's filling literally filling >> I think it's filling literally filling the holes of nutritional deficiencies the holes of nutritional deficiencies for people and they it's for people and they it's >> those kinds of organs are nature's >> those kinds of organs are nature's multivitamins.

multivitamins. multivitamins. >> Um so, uh I think it should be >> Um so, uh I think it should be incorporated where you where you can incorporated where you where you can explore it.

explore it. >> Babe, question for you. Um I mean I have >> Babe, question for you. Um I mean I have my own ideas, but why do you think we my own ideas, but why do you think we talk about ancestral diets? like why I'm talk about ancestral diets? like why I'm sure many people say, "Well, why do we sure many people say, "Well, why do we care what our ancestors did?" You know?

care what our ancestors did?" You know? >> Mhm. >> Mhm. >> Mhm. >> What do you think about that? >> What do you think about that? >> I think it's because um again, we're >> I think it's because um again, we're back to this idea of common sense and back to this idea of common sense and nutritional science has failed us.

nutritional science has failed us. Nutritional science, not science, Nutritional science, not science, nutritional science, the way it's been nutritional science, the way it's been presented. Um you know, the lobbies presented. Um you know, the lobbies behind all of that, their own sort of behind all of that, their own sort of financial uh uh motivations behind what financial uh uh motivations behind what they say is true nutritional science.

they say is true nutritional science. It's failed us. And it that this is why It's failed us. And it that this is why people are always confused. They're all people are always confused. They're all over the map about sort of trends about over the map about sort of trends about it. And most of the time these things it. And most of the time these things are just taking us all over the map are just taking us all over the map because the science really in the end because the science really in the end wasn't very good as it related to wasn't very good as it related to nutrition. But what we can look at is nutrition. But what we can look at is observe what is it that our ancestors observe what is it that our ancestors ate for millennia that got us here in ate for millennia that got us here in the first place? Got us here in a the first place? Got us here in a healthy way in the first place. And then healthy way in the first place. And then fortunately we can still to this day fortunately we can still to this day study peoples that are eating in an study peoples that are eating in an ancestral way. There's I don't know over ancestral way. There's I don't know over 40 of them scattered throughout the 40 of them scattered throughout the world that are eating indigenously world that

are eating indigenously and we can study them and we can say and we can study them and we can say what are they eating and how are they what are they eating and how are they thriving and what are their cholesterol thriving and what are their cholesterol levels and all the what are their levels and all the what are their disease risk profiles and there's all disease risk profiles and there's all kinds of anthropological studies like kinds of anthropological studies like that that that >> um that point in a general direction and >> um that point in a general direction and this is what the work of Weston Price this is what the work of Weston Price told us and informed us and that was told us and informed us and that was back in the 20s and 30s and 40s we knew back in the 20s and 30s and 40s we knew the way peoples were eating and we the way peoples were eating and we understood the way their health was and understood the way their health was and we know that if they strayed from that we know that if they strayed from that way that their health went in a certain way that their health went in a certain negative direction.

negative direction. >> Yeah. >> Yeah. >> Yeah. >> So I think that's that's why and so we >> So I think that's that's why and so we keep coming back to again common sense keep coming back to again common sense what kind of got us here and I don't what kind of got us here and I don't know it's also just really good.

know it's also just really good. >> Yeah it is good you know. Well, you >> Yeah it is good you know. Well, you know, a as a person who has spent a lot know, a as a person who has spent a lot of my academic career focused on um of my academic career focused on um cultural nutritional anthropology cultural nutritional anthropology and at the same time nutritional and at the same time nutritional sciences, dietetics and food sciences, dietetics and food administration, what I would say is that administration, what I would say is that nutritional science didn't fail in its nutritional science didn't fail in its objective. Its objective was about objective. Its objective was about corporations.

corporations. corporations. >> It was not actually about health. >> It was not actually about health. >> Yeah. So when we have been taught these >> Yeah. So when we have been taught these rules about eating that are based on rules about eating that are based on nutritional science, we're actually the nutritional science, we're actually the experimental white rats for money-making experimental white rats for money-making industries. And I'm all for moneymaking.

industries. And I'm all for moneymaking. That's not that's not the critique. The That's not that's not the critique. The critique is it's been a disservice to critique is it's been a disservice to our wellness. And of course, illness is our wellness. And of course, illness is another industry that has benefited.

another industry that has benefited. Whereas when you're looking at cultural Whereas when you're looking at cultural anthropology, nutrition, ancestral anthropology, nutrition, ancestral diets, you're seeing the way people ate diets, you're seeing the way people ate when they were responsible for getting when they were responsible for getting their foods. So there was no ulterior their foods. So there was no ulterior motive to your point. There was no motive to your point. There was no agenda in their food source. It was agenda in their food source. It was >> they agenda was their own optimal >> they agenda was their own optimal health.

health. health. >> There was no external agenda. It was >> There was no external agenda. It was they themselves making [clears throat] they themselves making [clears throat] nutritional decisions for their family.

nutritional decisions for their family. >> So [snorts] that's why our ancestral >> So [snorts] that's why our ancestral diet, which basically we're saying the diet, which basically we're saying the same thing. This is why our ancestral same thing. This is why our ancestral diet is so useful to study and mimic.

diet is so useful to study and mimic. >> Agreed. >> Agreed. >> Agreed. >> So longevity. >> So longevity. >> So why is muscle important for >> So why is muscle important for longevity? Um this was other podcast longevity? Um this was other podcast episodes that we've done where we got episodes that we've done where we got Yeah. Right. Um so Yeah. Right. Um so >> it's just >> it's just I'd say there's a there's a few I'd say there's a there's a few biomarkers long for longevity.

biomarkers long for longevity. >> Uh and I think one of the best ones is >> Uh and I think one of the best ones is definitely muscle. having it, definitely muscle. having it, maintaining it is going to predict uh maintaining it is going to

predict uh longevity. But why? And we've talked longevity. But why? And we've talked about these as one of my favorites is about these as one of my favorites is the myioines. Uh these little um the myioines. Uh these little um hormones essentially that are coming out hormones essentially that are coming out of the muscle. Um and scientists have of the muscle. Um and scientists have called them hope molecules. And when called them hope molecules. And when you're contracting the muscle, you have you're contracting the muscle, you have these myioines that get secreted. These these myioines that get secreted. These wind up helping the rest of your nervous wind up helping the rest of your nervous system um and balancing things out.

system um and balancing things out. They're very anti-inflammatory They're very anti-inflammatory in and of themselves. So the more muscle in and of themselves. So the more muscle you have, the more myioines you have, you have, the more myioines you have, the more stress resilience you have and the more stress resilience you have and stress against everything, not just stress against everything, not just mental emotional stress, but the stress mental emotional stress, but the stress of disease um in your environment. And I of disease um in your environment. And I think I just was saying this to a think I just was saying this to a patient uh just the other day.

patient uh just the other day. >> Um we were talking about muscle and >> Um we were talking about muscle and we're talking about trauma, you know, we're talking about trauma, you know, and they've done studies with this. If and they've done studies with this. If you go if you, you know, god forbid you, you go if you, you know, god forbid you, you have a car accident and you're, you you have a car accident and you're, you know, you're in the hospital for a while know, you're in the hospital for a while because you were injured, the more because you were injured, the more muscle you had going into that, it's muscle you had going into that, it's just a better predictor for whether or just a better predictor for whether or not you're getting out of that hospital.

not you're getting out of that hospital. >> Um, and that's that builtin stress >> Um, and that's that builtin stress resilience kind of capacity, those resilience kind of capacity, those reserves that you have going into that reserves that you have going into that trauma.

trauma. trauma. >> Um, so that's muscle. And one of the >> Um, so that's muscle. And one of the biggest things too, I mean we want to biggest things too, I mean we want to know how to, you know, reduce our know how to, you know, reduce our insulin resistance and diabetes, it is insulin resistance and diabetes, it is muscle that there is nothing better than muscle that there is nothing better than that because the more muscle you have, that because the more muscle you have, 80% of all of that sugar is going into 80% of all of that sugar is going into the muscles. The other 20% goes into the muscles. The other 20% goes into your liver, your liver, >> but 80% of it is going into your muscle.

>> but 80% of it is going into your muscle. So the more muscle you have, the So the more muscle you have, the >> more you're sucking it out. >> more you're sucking it out.

>> Yeah. That's, you know, I've seen >> Yeah. That's, you know, I've seen patients with, patients with, >> let's say, certain guys with a lot of >> let's say, certain guys with a lot of muscle and they're drinking alcohol and muscle and they're drinking alcohol and I'm looking at their labs and all of I'm looking at their labs and all of that and, you know, they don't have any that and, you know, they don't have any problems. Um, I'm not they might have problems. Um, I'm not they might have other problems with it, but let's say other problems with it, but let's say from just standard, do they have insulin from just standard, do they have insulin resistance? Are they showing signs of resistance? Are they showing signs of diabetes?

diabetes? diabetes? >> Like our basic biological markers. >> Like our basic biological markers. >> Yeah, they can get away with a lot of >> Yeah, they can get away with a lot of it. uh you know so not that I'm it. uh you know so not that I'm recommending it that way but the point recommending it that way but the point is that it's there as a reserve also for is that it's there as a reserve also for preventing that particular disease so preventing that particular disease so and you know we always say where where a and you know we always say where where a muscle goes bone goes like you were muscle goes bone goes like you were saying saying saying >> that's right and we know that muscle and >> that's right and we know that muscle and bone are going to be um bone are going to be um really involved in preventing falls and really involved in preventing falls and injuries and and we've talked in the injuries and and we've talked in the past about one of the things that will past about one of the things that will cut a person's

life shorter than it cut a person's life shorter than it needs to needs to is being immobilized. So if you have a is being immobilized. So if you have a fall and you get injured and now you're fall and you get injured and now you're bedridden and you can't take care of bedridden and you can't take care of yourself and you find yourself lonier yourself and you find yourself lonier than before, then mental and emotional than before, then mental and emotional health follows. I mean, it's just like health follows. I mean, it's just like this snowball effect of negative this snowball effect of negative outcomes as a result to not having had outcomes as a result to not having had the bone and muscle mass to keep you the bone and muscle mass to keep you strong so that you either don't fall or strong so that you either don't fall or if you do fall, you rebound, if you do fall, you rebound, >> right? And yeah, even if there was an >> right? And yeah, even if there was an injury, um that it's the lack of injury, um that it's the lack of mobility that creates the isolation that mobility that creates the isolation that creates creates creates >> the depression and those other things.

>> the depression and those other things. So having muscle allows you to ambulate, So having muscle allows you to ambulate, it allows you to move it allows you to move >> uh and see your family and see your >> uh and see your family and see your friends and just be part of society and friends and just be part of society and that's such a big that's such a big >> and maintain independence.

>> and maintain independence. >> Absolutely. >> Absolutely. >> Absolutely. >> Okay. Um >> Okay. Um >> everybody wants to know what's the >> everybody wants to know what's the protein building stack? What do we protein building stack? What do we recommend for our patients? Some of the recommend for our patients? Some of the patients that are listening here have patients that are listening here have probably heard some of these things uh probably heard some of these things uh before if not all of them. Um there's before if not all of them. Um there's four things.

four things. >> So we're looking Well, there really is >> So we're looking Well, there really is more than this. Uh but this is the let's more than this. Uh but this is the let's say nutrient protein stack.

say nutrient protein stack. >> We definitely think you should have your >> We definitely think you should have your hormones balanced. If testosterone is hormones balanced. If testosterone is not there, it's going to be really not there, it's going to be really really Yeah, that should almost go into really Yeah, that should almost go into talking about talking about >> dietary consumption >> dietary consumption >> protein powder. So, it needs to be uh a >> protein powder. So, it needs to be uh a really really high quality micronized really really high quality micronized beef source is what we recommend. I beef source is what we recommend. I think whey protein can be great for think whey protein can be great for certain people, but we've noticed over certain people, but we've noticed over the years two to three out of 10 the years two to three out of 10 patients will say that that whey protein patients will say that that whey protein bothers their stomach. And you are bothers their stomach. And you are certainly one of those patients.

certainly one of those patients. >> I would say that >> I would say that 80% of my patients 80% of my patients >> Oh, really? that >> Oh, really? that >> 80% of my patients have difficulty with >> 80% of my patients have difficulty with whey and maybe not in the beginning but whey and maybe not in the beginning but as it becomes a part of their daily as it becomes a part of their daily consumption they absolutely start consumption they absolutely start developing GI issues.

developing GI issues. >> Yeah. So we use something that is a >> Yeah. So we use something that is a micronized beef source um really really micronized beef source um really really high quality uh grass-fed beef the whole high quality uh grass-fed beef the whole thing thing thing >> that usually has at least 21 plus grams >> that usually has at least 21 plus grams per scoop.

per scoop. >> Okay. Then from there, uh, it's it's a >> Okay. Then from there, uh, it's it's a product called Yolked. More product called Yolked. More particularly, it's called Foratropen.

particularly, it's called Foratropen. Yolked contains something we've been Yolked contains something we've been using for a long time called Foratropen.

using for a long time called Foratropen. And this is a clinically proven um, uh, And this is a clinically proven um, uh, formula for wasting. They've used it formula for wasting. They've used it that way, but, you know, they've also that way, but, you know, they've also used it in bodybuilding as well. But used it in bodybuilding as well. But don't don't be fooled. This is don't don't be fooled. This is definitely a clinically proven um, definitely a clinically proven um, substance, a food, and it's derived from substance, a food, and it's derived from raw fertile egg yolks. And so it's quite raw fertile egg yolks. And so it's quite yellow. and these interesting little yellow. and these interesting little texture that goes on with it. But what texture that goes on with it. But what it's doing is it's lowering myostatin.

it's doing is it's lowering myostatin. And myostatin is this hormone that And myostatin is this hormone that actually our body makes to block us from actually our body makes to block us from being able to make too much uh muscle.

being able to make too much uh muscle. So we want to be able to keep myostatin So we want to be able to keep myostatin at bay to where we can be in an anabolic at bay to where we can be in an anabolic state to build muscle and and the yolked state to build muscle and and the yolked helps with that. And it's only, you helps with that. And it's only, you know, one little scoop is tiny little know, one little scoop is tiny little bit easy to do. You won't even know it's bit easy to do. You won't even know it's hard.

hard. hard. >> And actually all of these things really >> And actually all of these things really can just be put together. All yes this can just be put together. All yes this is this would be one protein drink we're is this would be one protein drink we're essentially saying right now so the essentially saying right now so the protein powder base this fordatropen the protein powder base this fordatropen the yolked yolked yolked >> yeah I just wanted to say that when >> yeah I just wanted to say that when you're talking about this protein you're talking about this protein building stack um remembering my comment building stack um remembering my comment about how a lot of the people that I about how a lot of the people that I work with find that they don't really work with find that they don't really have the capacity to consume large yes have the capacity to consume large yes >> meals um >> meals um >> when we are talking about this protein >> when we are talking about this protein stack I really say to people like keep stack I really say to people like keep it simple just mix it with water a small it simple just mix it with water a small amount of water and just get ed it in.

amount of water and just get ed it in. It's a little bit where I get kind of It's a little bit where I get kind of like like like >> um just suck it up a little bit because >> um just suck it up a little bit because I'm like you've been dealing with these I'm like you've been dealing with these issues for so long. A conversation I issues for so long. A conversation I have with myself like you've been have with myself like you've been dealing with this issue for so long. Do dealing with this issue for so long. Do you want to build the freaking muscle or you want to build the freaking muscle or not? Yes. Then you do your damn 4 ounces not? Yes. Then you do your damn 4 ounces of protein building stack mix in water.

of protein building stack mix in water. It's almost like a shot. Just do it. It's almost like a shot. Just do it. >> Do it. [laughter] Right. I'm just I'm so >> Do it. [laughter] Right. I'm just I'm so glad you said that. I I all of my female glad you said that. I I all of my female patients, I'm not quite so uh uh you patients, I'm not quite so uh uh you know coming to Jesus with them about know coming to Jesus with them about those things, but I think it's good and those things, but I think it's good and yes, it really in the end it comes down yes, it really in the end it comes down to it. Do you want it or not? What do to it. Do you want it or not? What do you want? [clears throat] Right.

you want? [clears throat] Right. Exactly. Exactly. Exactly. >> Um so, but with all of that said, this >> Um so, but with all of that said, this is actually that's chocolate and it's is actually that's chocolate and it's very tasty. The the protein powder is very tasty. The the protein powder is really tasty. We never have patients really tasty. We never have patients coming back saying it bothers their coming back saying it bothers their stomach or stomach or >> never or that they don't like the way it >> never or that they don't like the way it tastes.

tastes. tastes. >> Like it's so >> Like it's so >> so good. Then, okay, third, creatine. >> so good. Then, okay, third, creatine. Everybody's talking about creatine.

Everybody's talking about creatine. We've talked about this many times We've talked about this many times before.

Um, 10 grams is what we before. Um, 10 grams is what we recommend now, sort of moving forward, 5 recommend now, sort of moving forward, 5 g is the standard amount.

g is the standard amount. >> Um, and I will say, and I just happen to >> Um, and I will say, and I just happen to have a couple of patients literally just have a couple of patients literally just in the past week come in and tell me in the past week come in and tell me about how it was bothering their about how it was bothering their stomach. Most of the time, creatine does stomach. Most of the time, creatine does not. It can cause a little bit of GI not. It can cause a little bit of GI things. For some people once in a while, things. For some people once in a while, it's like a a swelling type of thing. It it's like a a swelling type of thing. It can be a almost water retention, can be a almost water retention, swelling, kind of GI upset. It's really swelling, kind of GI upset. It's really rare and I just happen to have two rare and I just happen to have two people like in a row say and I can't people like in a row say and I can't remember the last time I had somebody remember the last time I had somebody say it to me. Um, but it is it does come say it to me. Um, but it is it does come up once in a while, but that's dose up once in a while, but that's dose dependent. So, you just have to pull dependent. So, you just have to pull back on the dose. So, we recommend 10 back on the dose. So, we recommend 10 grams. The barest minimum is usually grams. The barest minimum is usually five, but I would say the barest minimum five, but I would say the barest minimum is 2 and 1 half to three. So, even it is 2 and 1 half to three. So, even it could be as little as a half a scoop. If could be as little as a half a scoop. If for whatever reason it bothered for whatever reason it bothered somebody, at least get a half a scoop.

somebody, at least get a half a scoop. But generally speaking, I'd say 98% of But generally speaking, I'd say 98% of patients are going to get that. Not at patients are going to get that. Not at all. Two scoops.

all. Two scoops. >> And also, this is not the same thing as >> And also, this is not the same thing as when we were talking about protein, how when we were talking about protein, how you've got to get it all in in one shot you've got to get it all in in one shot if you want building. This is support if you want building. This is support for muscle building. So, if you need to for muscle building. So, if you need to divvy up your doses throughout the day, divvy up your doses throughout the day, then go ahead and do that because you then go ahead and do that because you can get those 10 g of creatin in divided can get those 10 g of creatin in divided doses and they will equal the 10 g doses and they will equal the 10 g by the end of the day. And you're still the end of the day. And you're still going to get the muscle building going to get the muscle building benefit.

benefit. benefit. >> Correct. Correct. And by the way, the 10 >> Correct. Correct. And by the way, the 10 gram dose is beyond muscle building. Oh gram dose is beyond muscle building. Oh yeah. Because the five is the bar yeah. Because the five is the bar minimum for bus muscle building and then minimum for bus muscle building and then beyond that you start to get brain beyond that you start to get brain benefit. So that's why we sort of just benefit. So that's why we sort of just now say 10 because it really really now say 10 because it really really helps with mood stability particularly helps with mood stability particularly uh in the studies have been mostly with uh in the studies have been mostly with women.

women. women. >> Then finally the fourth one, leucine. >> Then finally the fourth one, leucine. Leucine is the most anabolic signaling Leucine is the most anabolic signaling amino acid that that we have. And most amino acid that that we have. And most of these um the rankings when they're of these um the rankings when they're talking about how anabolic a protein talking about how anabolic a protein source is, they're actually measuring source is, they're actually measuring leucine content in it. So leucine, you leucine content in it. So leucine, you can take this as another amino acid.

can take this as another amino acid. It's another powder and you're throwing It's another powder and you're throwing this in there two and a half to five this in there two and a half to five grams, usually a very small scoop. And grams, usually a very small scoop. And that's really really going to help to that's really really going to help to signal the the the anabolic muscle signal the the the anabolic muscle building aspect in your body.

building aspect in your body. >> So a high quality protein powder that is >> So a high quality protein powder that is going to be a beef source chocolate going to be a beef source chocolate really tasty. Adding this yolked in really tasty. Adding this yolked in which is called fordatropen also which is called fordatropen also signaling and helping with myostatin signaling and helping with myostatin creatine and uh the leucine. Putting creatine and uh the

leucine. Putting that all into one protein powder uh that all into one protein powder uh protein drink like you said a little bit protein drink like you said a little bit of water. You don't have to mix it with of water. You don't have to mix it with really anything on there.

really anything on there. >> Don't add anything to it. Keep it light. >> Don't add anything to it. Keep it light. Keep it easy Keep it easy >> and get it down.

>> and get it down. >> One question for you to [clears throat] >> One question for you to [clears throat] sum it all up with the leucine since it sum it all up with the leucine since it is an amino acid specifically. Does that is an amino acid specifically. Does that count towards your protein content?

count towards your protein content? >> No. >> No. >> No. >> Okay. So, really we've got the protein >> Okay. So, really we've got the protein powder with those 21 grams which counts powder with those 21 grams which counts towards your protein cont.

towards your protein cont. And does and as does the yolk, but the And does and as does the yolk, but the creatine and the lucine don't. So creatine and the lucine don't. So really, as long as we're getting it in, really, as long as we're getting it in, you're good. Like it doesn't matter if you're good. Like it doesn't matter if it's by itself. Okay, great. Excellent.

it's by itself. Okay, great. Excellent. Thank you. Thank you. >> I will modify several things. >> I will modify several things. >> I was talking about my brilliant.

>> I was talking about my brilliant. >> Yeah. Do you have any? >> Yeah. Do you have any? >> So what I think is that >> So what I think is that we really should focus to get in I would we really should focus to get in I would say 80% say 80% of our protein of our protein before 3:00 p.m. I think if we shoot to before 3:00 p.m. I think if we shoot to get the bulk of our protein in before get the bulk of our protein in before 3:00 p.m. then we're not rushing in the 3:00 p.m. then we're not rushing in the evening to try to consume a heavy meal evening to try to consume a heavy meal >> as most people do.

>> as most people do. >> As most people do. What I am modifying >> As most people do. What I am modifying though is that I used to try to get in though is that I used to try to get in that 80% in sprinkled doses. So now that 80% in sprinkled doses. So now instead what I would say is really have instead what I would say is really have a mental idea of what your breakfast and a mental idea of what your breakfast and your lunch is going to look like. Have your lunch is going to look like. Have that be the bulk of the 80%. And then that be the bulk of the 80%. And then you can still use these low protein you can still use these low protein foods as supplement but not towards your foods as supplement but not towards your protein content. So still get in that protein content. So still get in that collagen powder which I love. still get collagen powder which I love. still get in, you know, the the fordatropen, etc.

in, you know, the the fordatropen, etc. Um, you're contributing to your grams Um, you're contributing to your grams per day, but they're not going to be the per day, but they're not going to be the thing that puts you into building.

thing that puts you into building. They're more supportive. They're more supportive. >> Yeah. Look, here's the real reality of a >> Yeah. Look, here's the real reality of a lot of this. This is not a three square.

lot of this. This is not a three square. It's, excuse me, it's a three square It's, excuse me, it's a three square plus your protein drink. So, that's plus your protein drink. So, that's really where it comes down to that. So, really where it comes down to that. So, a lot of times when I'm I'm convincing a lot of times when I'm I'm convincing people to do this protein building people to do this protein building stack, they go, "Well, great. That'll be stack, they go, "Well, great. That'll be my breakfast, my breakfast, >> right?" which is what I do.

>> right?" which is what I do. >> Yeah. And that's not optimal. It we >> Yeah. And that's not optimal. It we these are called supplements for a these are called supplements for a reason because they should supplement reason because they should supplement what's going on with the baseline of what's going on with the baseline of your nutrition or we're talking about your nutrition or we're talking about vitamins or whatever it should vitamins or

whatever it should supplement on top of what is already a supplement on top of what is already a good foundation. Right?

good foundation. Right? >> So getting the three square with our >> So getting the three square with our focused understanding that it's between focused understanding that it's between 20 and 50 grams of protein per meal 20 and 50 grams of protein per meal three times a day plus your protein three times a day plus your protein powder drink the way we've described powder drink the way we've described here. Now you're going to get there.

here. Now you're going to get there. Okay. So, I know we want to wrap it up, Okay. So, I know we want to wrap it up, but I just want to give a little summary but I just want to give a little summary of how I would do it. I would still of how I would do it. I would still start start start >> You want to summarize the summary and >> You want to summarize the summary and the summary.

the summary. >> This is for people who care about what >> This is for people who care about what I'm saying. Um, I would still start my I'm saying. Um, I would still start my morning with my fortified tea or coffee.

morning with my fortified tea or coffee. So, I'm putting in that my first dose of So, I'm putting in that my first dose of creatin and my collagen. Okay? And that creatin and my collagen. Okay? And that is how I open the stomach because I is how I open the stomach because I don't like to start my day with food.

don't like to start my day with food. All right? Then from there, I would All right? Then from there, I would usually have some sort of a lightish usually have some sort of a lightish light in in in how heavy it makes me light in in in how heavy it makes me feel is what I mean. So, I can do raw feel is what I mean. So, I can do raw eggs. I can do broth with collagen eggs. I can do broth with collagen powder and some eggs in it. I powder and some eggs in it. I [clears throat] can do some leftover [clears throat] can do some leftover protein. Um, sometimes when I'm in a protein. Um, sometimes when I'm in a rush, then I'll do like the ham and rush, then I'll do like the ham and cheese rolled together, good quality cheese rolled together, good quality yogurt. So, I'm still eating a yogurt. So, I'm still eating a breakfast, but it's made up by foods breakfast, but it's made up by foods that don't feel heavy in my stomach, but that don't feel heavy in my stomach, but I'm getting about 20 grams within that I'm getting about 20 grams within that portion. and I'm doing a protein shake, portion. and I'm doing a protein shake, but I don't do those things at the same but I don't do those things at the same time. So, I'm getting in those 40 grams time. So, I'm getting in those 40 grams probably before 11 o'clock. Okay, then probably before 11 o'clock. Okay, then my lunch is going to be my heaviest my lunch is going to be my heaviest meal. This is where I want to get in my meal. This is where I want to get in my 30 to 40 g of protein. So, by the time 30 to 40 g of protein. So, by the time I'm done with lunch, I've had about 80 I'm done with lunch, I've had about 80 grams of protein for the day.

grams of protein for the day. >> And for you, that's about that's about >> And for you, that's about that's about 80% of the way. So then I feel okay 80% of the way. So then I feel okay knowing that I am going to get in knowing that I am going to get in another dinner portion which sometimes another dinner portion which sometimes is a little lighter on the protein.

is a little lighter on the protein. Maybe it's 15 to 20. That's getting me Maybe it's 15 to 20. That's getting me to my 100. And then I end my meal I mean to my 100. And then I end my meal I mean I end my day with some either some I end my day with some either some protein powder and then my collagen and protein powder and then my collagen and my creatin again. And again, that's not my creatin again. And again, that's not contributing to my muscle building contributing to my muscle building because it's only about 10 grams in a because it's only about 10 grams in a serving, but it is creating a serving, but it is creating a comprehensive comprehensive comprehensive day of support, healing, and muscle day of support, healing, and muscle building.

building. building. >> Yeah, I think that's great. And I think >> Yeah, I think that's great. And I think you do a very, very good job with all of you do a very, very good job with all of that. I know that's been uh over the that. I know that's been uh over the years um an evolution for you with all years um an evolution for you with all of that. For someone who's always eaten of that. For someone who's always eaten really really well, you would just have really really well, you would just have your moments of not focused on the your moments of not focused on the protein certainly around exercise and protein certainly around exercise and all of that, you just you've done great.

all of that, you just you've done great. >> Well, what I think is that most people >> Well, what I think is that most people like myself rather not eat than eat like myself rather not eat than eat something they know is bad for them or something they know is bad for them or will make them feel crummy. So that's will make them feel crummy. So that's why I have to be so focused.

why I have to be so focused. >> So anyway, >> So anyway, >> all right. Well, this was fantastic. >> all right. Well, this was fantastic. Thank you very much.

Thank you very much. >> Yes. We'll see everybody next time. >> Yes. We'll see everybody next time. >> Yeah. >> Yeah. >> Yeah. >> Are you liking what you're hearing? Do >> Are you liking what you're hearing? Do you want to hear more?

you want to hear more? >> Are you loving this great content? And >> Are you loving this great content? And do you want to ask us a question? do you want to ask us a question?

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notes for today's episode. >> And finally, if you're ready to make a >> And finally, if you're ready to make a change, a real change in your own life, change, a real change in your own life, feel free to check us out at our private feel free to check us out at our private