



Transcript of “Your Personal Paleo Code with Chris Kresser”

Bulletproof Radio podcast #86



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Dave: Today's cool fact of the day is a group of crickets is called an orchestra. In 1992, a guy named Jim Wilson took recordings from an orchestra of crickets and slowed it down to the equivalent of a human lifespan. The cool thing is he figured out it sounds like an orchestra choir.

Hey everyone. Dave Asprey, Bulletproof Executive here with Bulletproof Radio. Today's guest is pretty exciting. It's Chris Kresser. Chris runs ChrisKresser.com, and he's the author of this amazing new book called *Your Personal Paleo Code*. If you're watching on YouTube you can check it out right now.

Chris is a licensed acupuncturist and a practitioner of integrative and functional medicine. It's a very well-respected website, and I've talked with Chris on the show, I'm guessing about 18 months ago, in one of our earlier episodes. I'm definitely a fan of his work. He was named one of the 50 most influential people in health and fitness by Greatist along with Dr. Oz and Michelle Obama. Although I hear Michelle Obama has better arms than you, Chris, is this true?

Chris: Could be. She's got some guns.

Dave: Definitely. Chris you got a mysterious tropical illness in your early 20s, right?

Chris: Yeah.

Dave: This led to you becoming essentially, a guy who's hacked his own health and then started helping others. Tell me a little bit more about what happened there and your experience when you returned and said there's something weird going on with me. I don't know what it is. What happened?

Chris: In my early 20s, I worked for a little while after college, and then I sold everything I owned and took off to see the world. Ended up spending

about a year and a half traveling around the world. When I was in Indonesia, I was doing some surfing, a whole bunch of us that were in the water got sick. It was the classic vomiting, diarrhea, fever, delirium. I don't really even remember anything for that three-day period. I fairly quickly recovered my health. It was the acute episode. I got better, but then, as the months progressed, it became clear that it wasn't getting better and, in fact, was getting worse.

That led to a decade-long period where I was just really sick. I didn't know what was going on. I was seeing every kind of doctor or health care practitioner you can imagine. I flew to three different countries to see top specialists in infectious disease. Tropical disease. Gastroenterologists. I flew to Sydney to a gastroenterology clinic there that's world renowned.

Then I was seeing doctors of Chinese medicine, naturopaths, Ayurvedic specialists, energy healers, shamans. You name it, I was basically doing it. I did probably 13 to 14 special diets from macrobiotic vegan to raw foods to a traditional Chinese medicine type of diet with almost everything cooked. Every supplement that you could imagine, herbs, conventional medications. You name it; I did it.

It just became clear at some point that the person that was most invested in my healing was me. If anyone was going to figure out, it would be me. Of course, I think everyone that I saw, the conventional doctors, they meant well and their heart was in the right place, but they just didn't have the tools to help me.

I decided to go back and study integrative and functional medicine for two reasons. One, because I wanted to gain the knowledge and the understanding of how to look at the research studies myself and critique them and know what they're saying because, as you know, Dave, they often say something different than what the media reports them as saying.

Then I also, in the back of my mind, was thinking, I hope this experience is worth something to me and to other people because I've been through the ringer here. I know that what I've gained from it is valuable. I know

that I can help other people. That's essentially what happened. I eventually found my way through the labyrinth and made it out to the other side. I finished my degree and opened my doors. Now I really specialize in helping people who are dealing with fairly complex conditions like the one that I struggled with for so many years.

Dave: It's amazing how desperation is the best medicine, you could say.

Chris: That's very accurate.

Dave: I had a similar experience in that when I weighed 300 pounds, I had chronic things. Fibromyalgia, chronic fatigue, Lyme disease, the whole thing, and saw hundreds of people and ended up going down a similar path. I never formally studied medicine but work with a lot of the same tool sets [over that 00:05:15] and especially nutritionally. It's just because I didn't want to feel like crap all the time, just like you didn't. That burning need to not die in your 20s-

Chris: That's a powerful motivator, for sure. Not wanting to wake up doubled over in pain every day or feel like you have not enough energy to get through even half the day when you're in your early 20s, it's a pretty powerful motivator, for sure.

Dave: Because of the work I do with the Silicon Valley Health Institute, an anti-aging non-profit group where a lot of our members are older. I see the same kind of motivation with people when they get sick later in life. The few people I know who got really sick in their 20s and really got focused on hacking it, tend to have the sort of zeal that most people get for these things much later in life, but it gives you a lot more decades to accumulate knowledge and really to help other people with this kind of knowledge.

Because I don't think anyone in medical school including my wife, Caroline's got a graduate- You can't get that from school. You get it from waking up in the morning and going how am I going to live today. How did that come down to this, The Personal Paleo Code? What's the transition from there into your new book?

Chris: I think one of the biggest things I learned in my health journey was that, as I said before, that I really had to figure it out. That doesn't mean that help wasn't all around me and that I didn't reach out for help and advice from other experts and colleagues and friends. It did mean that I ultimately was the authority on what worked for me.

I could read a book and learn about someone else's experience, and that was often helpful in that it gave me things to try and experiment with in my own bio-hacking process. At the end of the day, no matter how beautiful a theory was or no matter how transformative and approach was for somebody else, if it didn't help me, then it wasn't really that useful.

Then of course, I started to work with patients, and I saw the same things. I saw I could give people a set of basic guidelines, and they could start there. Those were a good starting place, but then they would have to customize and tweak it under my guidance to make it really, truly sustainable and adaptable over the long term.

I developed this three-step approach in my clinic working with patients to help people create their own ideal diet and lifestyle plan that's based on the Paleo approach. It's not strict Paleo, as you know, but it's based on the Paleo approach. I've found that to be extremely useful, and the feedback I got on that process was great. I decided that it was something worth sharing on a bigger scale. A book is just a vehicle for doing that, really.

Dave: It definitely it. I think you did a great job in the book of helping people understand that personalization. When people write into your blog, and certainly, I'd probably get the same thing, they say things like, "Just tell me what works."

And the answer is, "Don't you have a mirror?"

Chris: My job would be a lot easier if I could just say, "This is what works." I would just have a web page, and there would be what works, and that would be it.

Dave: Do you recommend other bio-hacking tools for people. Certainly you use labs in your practice. Do you recommend that people do certain self tracking to know what works or it all more like, do I feel good today, do I not feel good. How rigorous or quantified is your approach to helping people see that they're not doing something that's wrong?

Chris: That's a great question. I would say there's even some personalization there, too, because I think different people will have different- Some people are really drawn to a quantified approach and really get into all the tools. Other people will be less drawn to that. I don't really necessarily advocate hard for a particular approach, but I like to offer people tools. Then if they are drawn to using them, then great.

One thing, for example, that I use with the blood sugar is a glucometer. I'm sure many of your listeners know what that is, but for those that don't, it's a device that you can use to test your blood sugar at home. That can give you a really more objective way of determining what your carbohydrate tolerance is. That's one example.

A pedometer like Fit Bit or something like it, I often recommend as a means of tracking non-exercise physical activity, which I think is arguably more important than exercise.

Dave: If we were in the same room and not on other sides of a video here, I'd high five you for that one. Non-exercise movement, right? It's such a huge thing. That bears repeating for people listening here. Movement matters, but it ain't exercise.

Keep going. Sorry, I didn't mean to interrupt you, but you deserve extra credit for that.

Chris: You probably know that's one of my passions, too. Just a little side note here, when I started to write the book, I realized I was going to kill myself if I did it the way I had started, which was sitting in my chair just typing away. That's when I got my treadmill desk. I ended up, in the course of writing the book, I walked 2200 miles while writing it. That was a huge lifesaver for me.

Back to quantified self. The Fit Bit, pedometers, certainly a scale for people who are tracking their weight. Like you can do a Withings scale or a more sophisticated scales. I like online tracking tools like Dan's Plan, which offer the ability to track your sleep and your non-exercise and exercise physical activity, as well as some other markers. Sometimes if people are inclined to track what they're eating, things like FitBit.com or Nutrition Data or, what's the other one? There are a few out there.

Then I have one of my own tracking tools that I use for my patients. I originally just used it with my patients, and now it's part of some online programs I have where they fill out a questionnaire with subjective symptom responses. They can then see their progress over a period of time charted out on a graph.

There are some others, too, depending on specific issues, but those are the basic ones.

Dave: That's a great list. You do include that for people. I found that when I started getting sick, this is almost 20 years ago, I didn't have any level of trust in how I felt. I ate my Wheaties; therefore, I should feel lots of energy. Therefore I do feel lots of energy. How long does it take someone who comes in and sees you in your practice to realize that they have some degree of visibility into how well or unwell they are on a minute by minute or day by day basis.

Chris: That's a great question. I think it really differs from person to person and depends on the level of body awareness they had before they come to see me. Typically athletes, dancers, people who've been involved in physical activity, tend to have a higher level of that because they're just a little bit more tuned into their bodies. Meditators are also like that or yogis, people who are doing that kind of stuff.

I've had you're stereotypical male who works in an office, perhaps, and isn't talking a lot of touchy-feely subjects, isn't really tuned into their body. I do have people do a symptom journal, a symptom tracking journal where they'll track their diet for a period of time. Then they'll

write down how they feel at various points throughout the day as a way of just facilitating that kind of awareness.

Generally within a month, if they're doing that fairly regularly, they start to make connections. Like, "Oh, I had that bagel, and I knew I shouldn't have. Then I had heartburn that night." They might not have-

Dave: Bagel equals kryptonite.

Chris: Right. Maybe they were missing that before because it wasn't immediate, but then they were able to see, like on Tuesday and Saturday, they had something in the morning they shouldn't have had, and that night they had heartburn.

Dave: I found when I started this I was exactly that guy. I weighed 300 pounds. High performance Silicon Valley career and all that kind of stuff. Sitting under fluorescent lights in a cubicle all day long. I started taking notes in the margin of my work notebook, the laboratory books all the engineers carry. I'd say, "Ate this. Feel like crap."

What I found out, though, was a lot of my symptoms were a two-day lag time. I would cheat on Friday. You know this idea of cheating once a week isn't particularly new. It's been around forever. I would try this, and I would be like, my Mondays and Tuesdays are a wreck because of what I did on Friday night. It wasn't alcohol. It was just I had bread.

In your book though, you talk about how you follow the program about 80% of the time, but aren't some things just off the list versus 80% of the time? How do you teach people, really, don't eat that crap?

Chris: The 80/20 rule is really more of a concept than the actual percentage. In most cases, it's more like 95/5-

Dave: OK, I buy that.

Chris: -for most of my patients or 90/10. Some people that are just extremely robust and healthy can get away with 80/20, perhaps, but I also talk about, in the book, how it depends on your health status, your goals, and the specific thing that we're talking about. If you're a Celiac or you have

gluten intolerance, non-Celiac gluten sensitivity, then you have 100/0 rule with gluten. Mean 100% of the time, you avoid it. That doesn't fall into the 80/20 rule at all.

Likewise, if you're healing from some kind of chronic illness or you're maybe trying to optimize your performance or you're trying to lose weight or you have some kind of goal that you're trying to reach, then it's probably going to be more like 95/5 as well. Because you're not in an optimal place, so you don't have as much flexibility and leeway. That's meant to be a scalable percentage depending on your health status and your goals.

Dave: What a wonderful answer. In my own experience, you learn, this cheat is an expensive cheat, and this is not an expensive cheat. I'll have the cheap cheats versus whacking yourself over the head just because it was going to taste good.

Chris: I'm not a zealot with the 80/20 rule either. Some people like a strict Paleo approach. It doesn't bother them at all. They're happy to do that. They don't need the 80/20 rule. It's can come in handy at times for certain people. That's about it.

Dave: That makes sense. If you're the kind of person who's going to die if you don't have a glass of wine, and wine doesn't knock you out for a week, then more power to you. I hear you.

Chris: And I'm jealous.

Dave: Me, too. I would love to drink red wine. Stuff seems like kryptonite to me.

Chris: Doesn't work for me either.

Dave: Let's talk about genetics, then. You talk about body type, your genetic blueprint, and individual needs. Can you basically fix your genetics, and what's a body type?

Chris: I think the whole genetic question is fascinating because it's evolving so quickly. Even 10 or 15 years ago, epigenetics was a fairly new concept,

and we didn't really have much of an understanding of how important gene expression is in this whole dialogue. We were largely just talking about genes and single nucleotide polymorphisms and their effect on health. When you looked at the effect of snips on health, you would see less than 3% of disease is exclusively related to single nucleotide polymorphisms. Like if you have this mutation, you're absolutely going to have this disease.

Now we know that it's way more complex and nuanced than that. You can have a genetic predisposition and then an environmental trigger activates an epigenetic expression. Then that combines with several other factors that we're only beginning to understand to create your own particular milieu of health and disease.

I would say that my view on the contribution of genes to disease has evolved over the past few years. Maybe 3 or 4 years ago, I would have said it was less of a contributor than I think it is now. As we start to examine and learn more about these especially epigenetic expressions. My answer is, I don't fully know how to quantify the contribution of genes.

I still believe that environment trumps all of that. The reason that I believe that is because although they've had some genetic changes recently, our genes are largely the same as they've been for a long time. A lot of the modern diseases that we're suffering from are very new on the evolutionary time scale.

Dave: Well said. For instance I am 4% Neanderthal. You can see it in my overhanging forehead. Do you have your 23 and Me result?

Chris: I do have them.

Dave: Do you use them?

Chris: I've used them for more like methylation and detox stuff, but I haven't gone into a lot of detail with the other data, frankly just because I haven't had time in the last 6 to 9 months to pay much attention to them.

Dave: When I started talking about this stuff about 5 years ago at the Silicon Valley Health Institute, even before I started writing for the Bulletproof Executive blog, I was pretty down on these. Because I've seen the studies that show you send the same samples to two different labs, you get two different answers.

I've also, I think like you, I've shifted my thinking. You have a lot of epigenetics knowledge from your healthy baby code. I wrote the better baby book, which is an epigenetics book that's out there. I don't know if you've seen a copy of it or not. We both share that perspective, but I've found lately, when someone goes on a Paleo-like diet, they go on the Bulletproof diet or any sort of health regimen. If they don't see massive reductions in inflammation, I'm like, "Just get your 23 and Me results and run it through Genetic Genie and you can look at your detox profiles." Every single time it's like a methylation or transsulfuration pathway issue.

Are you seeing the same thing with people? It seems like almost 90% of the time.

Chris: Yeah. I see methylation issues are one of the biggest impediments for people when they're not having the responses that they- Not only the weight loss stuff, but if I'm treating a patient for gut issues, and I'm using a similar protocol that I use with all my other patients, but they're just not getting better. I do a retest and their markers are the same. We do the 23 and Me and Genetic Genie or any of the other services, and almost certainly they'll have some kind of methylation issue or transsulfuration. I see more methylation in my patients.

Dave: I've seen more of it from the people who chose to share their results with me. Sometimes it's just I'm going to point you there. You go do your own homework, but it's going to come up.

I got to say, hats off to Amy Yasko for bringing all this out to everyone. I don't know if she listens to either of our podcasts, but I've gotten an awful lot. If you're listening to this and we're getting a little geeky here- Chris, there's usually 50,000 the first week. We just hit top ranked on iTunes.

Chris: Cool. Congratulations.

Dave: Thanks, man. What we're talking about here is what happens, the way your body breaks down toxins. Different people do it differently based on their genes. That can really affect what vitamins you should take, whether folic acid's going to knock you out or not, things like that.

If you are already performing at a super high level, having this knowledge is still good because then you can avoid things that are just not going to work well for your genes. If you're not performing as well as you want, then knowing this isn't terribly expensive these days. Unless of course the FDA's attack on 23 and Me ruins things.

Chris: There is that, yeah.

Dave: What about body type? How does that play a role into what food you should eat?

Chris: The way that I do this process is not so much about if you have this body type, eat this way, if you have that body type, eat that way. The first step of the process, as you know, is a 30-day reset, what I call. It's similar to a 30-day challenge. It's the strict Paleo approach. I basically think of the Paleo diet, at this point, as an elimination diet.

Dave: It pretty much is.

Chris: Yeah. You do that for 30 days. Then there are some ways that you tweak it depending on your body. If you're overweight, and you have blood sugar dysregulation, and you want to lose weight, I would steer people towards a lower carb version, even during the first 30 days, and slightly higher protein intake for the same reason. If someone has a known auto-immune condition, I would steer them towards an auto-immune version of that as well the first 30 days.

The second part of the process is reintroducing gray-area goods that are, I think, healthy when well tolerated. Full fat fermented dairy. Raw, if you can get it, et cetera.

Then stage three is where body type issues would come more into play. That's where we talk about macronutrient ratios. We talk about meal frequency and timing. Three meals a day, plus snacks or intermittent fasting. Carbohydrate backloading. Customizing your diet for activity levels and goals. If you're 60 pounds overweight and trying to lose weight, you're going to have a different approach than if you're training for the Olympics, for example.

I don't actually focus quite as much on body type as just personalizing all of those factors for each individual.

Dave: That makes sense. We were talking about body type. You're not paying as much attention to it as you are to the person themselves. It's not, you're shaped like a pear, you're shaped like an apple, you're shaped like a carrot or whatever else. That matches my experience as well.

How do you respond to the argument that we're not cavemen anymore. We don't live like them. It's not cold when we sleep. We don't live in caves. We don't see saber toothed tigers, so why should we actually bother to eat that way?

Chris: I think it's a valid question, first of all. I actually find myself agreeing with certain aspects of a lot of the most recent Paleo critiques, like Marlene Zuk's Paleofantasy. The problem is, I think the critiques often are a little bit oversimplified, and they throw the baby out with the bathwater.

One example would be the idea that there was no Paleo diet because there was such a huge variation in what our Paleo ancestors ate, so the concept of a Paleo diet is silly because there was no one diet. That's true. There was a tremendous variation in what people ate, but we also know absolutely what they weren't eating. They weren't eating cheese doodles and drinking Big Gulps and eating all kinds of processed and fried foods cooked in industrial seed oils. We know that without a doubt.

It is important to tell people when you're talking about a Paleo approach, that there is a lot of variation in what humans can tolerate

within the template of the basic Paleo diet, but it doesn't invalidate the entire concept just because there was a lot of variation in what people ate.

Likewise, you'll often hear the idea that our ancestors died when they were 30, so why would we want to emulate their diet and lifestyle? That's just crazy. It is true that average lifespan was 30 years old, but that doesn't take into account the challenges that our ancestors faced that we're not facing today like very high rates of infant mortality, trauma, violence, exposure to the elements, et cetera.

If you take a hypothetical group of ten people and three of them die in childbirth or infancy, another three or four die during their childhood or teenage years, maybe one gets eaten by a lion, a few others die in some kind of tribal warfare or exposure to the elements, and three live until they're 80, the average lifespan of that group of 10 people is going to be really low. 25 years old or something. That doesn't really paint the whole picture.

I think the best way to think of the Paleo concept is as a starting place. We know that we're well adapted to that lifestyle and to that diet. We can use that as a jumping off point to create our own ideal diet and lifestyle, but this is not about recreation, as others have said before me. It doesn't mean you have to sleep outside in the backyard and run around in a loin cloth.

Dave: That's too bad because I just got a new loin cloth.

Chris: Sleeping in the backyard, there's nothing wrong with it, but it's not required.

Dave: Exactly. What about intermittent fasting. You mentioned that earlier. What's your take on intermittent fasting?

Chris: I think it's beneficial for certain people in certain situations. You probably hear me saying this sort of thing a lot, but it is what I believe. I think it can be helpful for weight loss, for blood sugar regulation and insulin sensitivity, for infections, chronic infections.

I think it's not that helpful in some cases with people with adrenal fatigue. People with hypothyroid issues, depending. Women who are pregnant, I wouldn't necessarily recommend-

Dave: Yeah, it's terrible for pregnancy.

Chris: -a lot of intermittent fasting.

Dave: Amen.

Chris: Kids, I don't recommend intermittent fasting very much because they're growing. They need all the nutrients that they can get.

Dave: My kids don't fast.

Chris: I think a useful tool to have in your bag. Just personally, I find myself moving in and out of it. Some days I'll intermittent fast spontaneously because it feels like the right thing to do. Other days, I'll eat three meals and snacks, so I really at this point try to tune into what my body needs and go with that.

Dave: There's not a lot of research on what daily intermittent fasting is going to do for long periods of time. I did that for quite a while, although I do Bulletproof intermittent fasting where you just have the Bulletproof coffee with pure fat, but didn't want to activate my protein or sugar pathways.

I found that after a couple, a good 3 or 4 years of doing that 6 days a week. I still do it most of the time, but I think it's beneficial to not do it every day. At least 2 days a week, I force myself to have breakfast even though I don't like breakfast anymore because I have more energy when I don't have it. I'm playing around with what that might do to some of the various sex hormone levels.

I don't think we're really going to see any scientific, broad scale studies of intermittent fasting in enough populations with enough variations to really tell us a lot.

Chris: Not unless you pay for those.

Dave: To do it for- Four years later, you're going to feel this. I don't think there's- I'm not that kind of a wealthy guy. I always say, I made 6 million dollars when I was 26. I lost it when I was 28. The company went bankrupt. I experienced a burst of wealth that let me get well, but I didn't stay with it.

Chris: Yeah, I think so. I agree, I think if there's one thing that is constant, what's constant for our ancestors, it was change. The idea that they were intermittent fasting every single day is not accurate either. We can say for sure that they went periods where they didn't have food or access to as much food, but they weren't doing things in as routine of a way as we were on any side of the equation. I think that introducing some variability and maybe even some random variability is a really good idea.

Dave: Here's a crazy question for you. What about water fasting? I don't mean having only water. I mean some days, not drinking very much water and then some days drinking more than normal and varying the intake versus 8 times a day. I've been playing around with that lately.

Chris: I definitely have something experience with that. At one point during the deepest darkest periods of my illness where I just couldn't digest anything, I would just go for days without eating. It was more out of necessity than anything else. I think if someone is relatively robust from a health perspective and has a relatively strong, is in a fairly good place, that fasting like that can be beneficial.

Again, it's like intermittent fasting, I wouldn't recommend it for someone who's really weak, for someone who's got really significant adrenal fatigue. This probably goes without saying, but I always like to be clear. Pregnancy is not a good time to do that. I think there's probably a place for that, but I would say it's more for people who are fairly robust.

Dave: When my wife was 16, she did a water fast for a good number of days. She didn't have an eating disorder or anything. She just read about it in a book on Eastern meditation and said, I'll try this. She broke her thyroid and couldn't gain weight for almost 20 years after she did that.

In fact until we're like, we're going to put even more fat into you, that she finally got the curves that she lost at that time. I think there are some risks to it, but I also know a lot of people who benefit greatly from a 4-day water fast.

Chris: Absolutely. As you pointed out, there are some non-physiological benefits, too. Some psychological and spiritual benefits. Some of the more extended fasting periods have been when I've been doing a meditation retreat. It's really interesting to see, for me, some of the most interesting insights that I've had from fasting have been related to my relationship with food and how I use food for other purposes than nourishment. I think just for that reason alone, it's probably worth everybody doing some limited period of fasting.

Dave: My longest fast was 4 days, and I did it in a cave with no one around me for 10 miles in any direction in the desert outside Sedona. This was led by a shaman. The idea was just drop me off in the middle of the desert by that cave and hang out there. I'll be back in 4 days.

I wanted to expressly look at what does no social contact and all the emotional stuff that comes up with that and no food, just water. What's that going to do? It was, for me, about working on the relationship between food and other people. It was a really good experience, to be perfectly honest. Most people don't have time and space to make the connections there that you're talking about.

You've experienced that in your own life. Do you ever recommend that for people you work with?

Chris: Not typically, but sometimes. It would be a special patient and special set of circumstances that I would. I do tend to recommend it in situations where I feel like people have, where there's a strong need to examine that relationship. There's a pattern. Fasting can really help break those patterns, in some situations, that are just unconscious and repetitive. Taking a step out of that with a fast can really help somebody to gain perspective that they can't get otherwise.

Dave: Well said. We touched earlier on exercise versus movement. What about on the exercise side of thing? What kind of exercise? For how long? How frequently? Where do you come down on that?

Chris: I tend to be a little more conservative on that front, probably, than some others. I think certainly there's plenty of room for really high intensity training and people who are trained for a specific reason, purpose, athletics, et cetera. I'm not a big fan of doing five met cons a week in CrossFit, for example. I think CrossFit can be done in a way that's really healthy and beneficial.

There are a lot of CrossFit owners and trainers out there. I have a lot as patients. I have a lot on my email list, and I talk to a lot of them. I think there are a lot of people doing really sophisticated, smart training in the CrossFit world, but there's also a group within the CrossFit world that I think is essentially just driving people into the ground.

I could start a CrossFit recovery group in my patient population. I literally have, I would say, some substantial percentage of my patients are people who've been pretty wrecked from CrossFit. Their adrenals are completely tanked. Their sex hormones are just on the floor. They can, in some cases, hardly function. It's really challenging, to tell you the truth, to bring them back. It takes a long time.

They also tend to be the Type-A people who, as soon as they start to feel a little bit better, they're going to go right back to what they were doing before. The challenge is really inviting them to see that that type of physical activity is really only meant to be done for short periods of time, if at all, and can't really be sustained over a long period without doing damage. Especially in the context of the modern life. Maybe if that's all you were doing, and you didn't have a full-time job, and you weren't sleep deprived and everything else, it might be possible. Not the way most people are living now.

Dave: I do more of my coaching- There isn't a lot of time every week for coaching with what I do, but it's typically very successful entrepreneurs, CEOs, hedge fund manager types. These guys are as Type A as Type A

gets. I've definitely seen a handful of them, same thing. I started doing CrossFit, and I lost my mojo. I'm sleeping all the time.

It comes down to the life of being an executive or a high-performance business person like that. It's like running a marathon that never ends. Just the lifestyle. You're on airplanes. You're doing this. Certainly I've lived enough of that. For me, coming out of this, I'm pretty darn sick, I'm 100 pounds overweight, and I'm living that lifestyle. To be able to bring all that together and to be able to learn how to live the lifestyle and stay even or even improve my health doing it, I had to look at my exercise load, and I reduced it. If I get a lot of sleep, I'm going to work out more.

That notion that- I'm a fan of CrossFit because of the high intensity and heavy lifting and things like that. It's a stimulating exercise the way exercise should be, but I wish it came with a label that said, "Must sleep 2 hours extra the day you do this workout." If people would do that, I think would work really well. I don't sleep two hours extra almost any night. I'm too busy. I think you are, too. You're launching your book here on New Year's.

For people who are listening and doing CrossFit, right level of intensity, just recover from that intensity, please.

Chris: Eat enough, too. A lot of people don't understand the connection between activity level and calorie intake. It seems pretty basic, but a lot of my patients are coming in. I have them fill out a full food diary, so I know exactly what they're eating. Then I look at their exercise routine, and I just do some numbers. They're underfed by up to 1000 calories a day in some cases.

Dave: What do you think about the food companies charging more for hundred-calorie bars? Can we do math?

Chris: I think you're right that CrossFit should come with a label. I do think there are a lot of smarter people now. I think the awareness is increasing a lot. I know that because I talked to a lot of CrossFit gym owners and trainers, and they're definitely- They're a lot of the people who are suffering from these problems, so they're aware of the

situation, and I think they're doing their best to change it, but as you pointed out, a lot of the people who are drawn to CrossFit are the type of people who are likely to engage in that kind of activity in the first place. The blame is to be shared.

Dave: It is to be shared. Part of it belongs with restaurants. You go to a restaurant now, and you order a dinner, and you spend 30 bucks. They give you 2 ounces of protein, 4 stabs of asparagus, and a little dollop of some kind of other thing. I'm sorry, but I need-

Chris: And a basket of bread!

Dave: Yeah, exactly. I'm like, hold the bread. I need 4 of those. Here's my stick of butter that I brought with me, so I can get enough calories because I'm a big guy. I'm pretty muscular. I cannot sustain the level of cognitive performance I need to do the work that I do and to be with my kids if I eat at restaurants unless I order 3 meals. Then it's like \$200 a day to feed myself.

Chris: I guess that's where the bread comes in. They expect that you're going to fill yourself up on that before you eat the dinner. Then you're going to have a big piece of cake afterwards. Then you're going to drink 3 or 4 beers as well, which helps to fill you up.

Dave: Maybe add a little bit of MSG at the beginning to drop your blood sugar, so you're guaranteed to buy the cake. People like that.

Chris: Exactly.

Dave: One more thing. Have you seen Christina Warinner's TED talk totally debunking the Paleo diet?

Chris: I've seen parts of it, but you know, to be honest, I've just lost interest in those things at this point. I understand it, I do. Paleo is ripe for debunking because of the way it got set up early and because it's so easy to make a caricature of it and use the whole caveman, Flintstone thing. People carrying around big hunks of meat. It's easy to understand on one level.

Yet on another level, it's ridiculous because you can support the Paleo diet using all modern clinical research and not relying on the evolutionary argument whatsoever. Everything in the book, there's over 800 references from studies in the book. When you look at nutrient density, eating organ meats and meats and fruits and vegetables, nuts and seeds is what we should be doing. When you look at it from the context of an anti-inflammatory diet, this is what we should be doing. When you look at the importance of physical activity and all the lifestyle stuff we talk about, that's all well-supported by modern research.

All of the arguments against foods on the Paleo diet, like red meat and saturated fat, have fallen apart under further scrutiny, as you well know. Anyone that says they're debunking the Paleo diet, I'm like, you're debunking a decade of modern research that shows us that eating nutrient dense, whole foods is bad for me? I don't think so. I'm not going to waste my time. That's basically where I'm at with that.

Dave: I look at debunking the Paleo diet as trolling for traffic for your blog at this point because anyone who's tried it for a month. I don't know anyone who tried it for a month and didn't go, "I feel better, I lost weight, and my brain worked better." They might have gone back to eating pizza and doughnuts, but that's an emotional or some other kind of motivational issue. It's not that the diet didn't work. It doesn't take 2 years to work like some of these low calorie diets. You lose a half a pound a month, and eventually you'll come to equilibrium. Whatever! That didn't work when I weighed 300 pounds. I'd still be dieting if I did that.

Chris: Exactly. I think you're right. The one part of it which we already talked about before that I can appreciate, and of course you know this from my book, is that just because a food wasn't eaten during the Paleolithic, that in my mind doesn't mean we shouldn't eat it now.

Dave: Agreed.

Chris: I think that did need to be debunked as a concept because it was pretty prevalent out there for a while. This idea that if we didn't eat it during the Paleolithic, we can't eat it now. I'm glad that that has evolved, that kind of awareness. Other than that, it's just a nutrient dense whole foods

diet that focuses on the foods that have the lowest level of anti-nutrients and the highest level of micronutrients and the foods that we've been eating for the longest period of time and that we're biologically and physiologically adapted to eat. I think it's as simple as that.

Dave: I'm really pleased that you've taken that step of extending the Paleo diet. The Bulletproof diet, similar thing. I didn't start out from Paleo, I started out from epigenetics, and the better baby book and all that a long time ago. The idea that you have to be pedantic about I don't eat things with faces. I don't eat things our cavemen didn't eat. Look at the bounty of evidence for whatever's in front of you, whether it's sea algae extract or some tree sap that no one used to eat or even a processed food. You look at biochemically, what does it do? Epidemiologically, what does it do? Then you make a judgment. If you're not doing that, you're not thinking, you're just following rote rules that are probably going to break down as things change.

Kudos to you for helping to push Paleo beyond the I didn't grow it in my backyard, I'm not going to eat it kind of thing. I don't think that served people. It makes Paleo too exclusive for it to become mainstream, which is cool

Chris: That was exactly my intention with this book was that, if I could explain Paleo in a way that wasn't that exclusive and didn't demand that you sign on to this whole paradigm. You just look at it as a nutrient dense, healthy way to eat rather than a club that you join, then I thought it would be more appealing to a broader number of people.

Dave: I think you're on to something there. Chris, we're running towards the end of the show. There's a question that I did ask you a long time ago when you were on the show. It's one I ask every guest, so I'll ask you again. What are your top 3 recommendations for people, not just Paleo or anything else, but top 3 from your entire life experience that you would recommend for people who want to perform better. If you wanted to kick more ass, what should you do?

Chris: Great question. I don't remember how I answered. I'm sure it will be different.

Dave: Good.

Chris: I'll have to go back and check it out. I'll answer just what's been on my mind lately. Lately I've been thinking that sleep deprivation is the number 1 health challenge that we're facing today. I would say sleep would be number 1 if you want to kick butt. Because if you're not sleeping, you're not kicking butt almost certainly.

Number 2 would be do some kind of regular stress management practice or meditation practice. Meditation is one of several options. I'm a big believer in this. I think it's so crucial that, like in a lot of cases, my patients are on a perfect diet, but they're not managing their stress or doing anything that increases their self-awareness, and they're still really struggling.

Whereas I have patients who are a little more lax about the diet, but they're able to focus their mind. They have a certain level of self-awareness that really helps them to accomplish their goals, whatever their goals are. I think it's hard to do that if you don't have self-awareness.

Number 3 would be don't follow somebody else's diet. Follow your own diet. Do the work that's required to figure out what that is, even though it does take longer than just following a cookie cutter approach. You will not be sorry because you'll have that for the rest of your life. Not even that your diet will be the same the rest of your life. What you'll have is the ability to continually fine tune and tweak your diet based on your needs in each moment. That's what it's all about.

Dave: Chris, thanks a ton for that answer and for being on the show. Will you tell our listeners where they can get a copy of your book when it launches, I think, New Year's Eve?

Chris: Yeah, December 31st. It's PersonalPaleoCode.com. Of course it's available at all the usual locations. It's also Kindle and Fire and iBooks and audiobook if you prefer to consume it that way. My main website is ChrisKresser.com.



Dave, I want to thank you again for having me back. It's always a pleasure. I enjoy our conversations. Look forward to seeing you at the next conference whenever that might be.

Dave: You got it, Chris. I'm sure we'll see each other at AHS or PaleoFX or somewhere.

Chris: Great.

Dave: Everyone, thanks for listening to the show today. Chris, thanks one more time. We will check in with you all next week. If you enjoyed this show, please like us on iTunes, check us out on Facebook, or even better yet, try Bulletproof coffee. You'll like it. Thanks.

Chris: You will.

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