The Paleo Solution: The Original Human Diet
Guest: Robb Wolf

The purpose of this presentation is to convey information. It is not intended to diagnose, treat, or cure your condition.

Mike: Robb Wolf, a former research biochemist, is the New York Times bestselling author of The Paleo Solution: The Original Human Diet. A student of professor Loren Cordain, the author of The Paleo Diet, Robb has transformed the lives of hundreds of thousands of people around the world via his top-ranked iTunes podcast, book, and seminars.

Robb has functioned as a review editor for the Journal of Nutrition and Metabolism, is co-founder of the nutrition athletic training journal The Performance Menu, co-owner of North Cal Strength and Conditioning, one of Men's Health's top thirty gyms in America. And he is a consultant for the Naval Special Warfare Resiliency Program. He serves on the board of directors/advisors for Specialty Health Inc., Paleo FX, and Paleo magazine. Robb is a former California state power lifting champion—565 pound squat, 345 pound bench, 560 pound dead lift—and is a 6-0 amateur kick boxer.

He coaches athletes at the highest levels of competition and consults with Olympians and world champions in MMA, Motocross, rowing, and triathlon. Wolf has provided seminars in nutrition and strength and condition to a number of entities including NASA, Naval Special Warfare, The Canadian Light Infantry, and the United States Marine Corp. Robb lives in Reno, Nevada with his wife Nikki and daughters Zoe and Zagine.

Good morning, everybody. This is Dr. Mike Aconfora, your host for The Pain Relief Project. Today I have with me Robb Wolf. It is my pleasure and my privilege to have him on our Pain Relief Project today. Robb, how we doing?

Robb: Great, doc. We had a little system meltdown when I was trying to get on here my side of things. But everything's great now. How are you doing?
Mike: I'm doing fantastic. The weather keeps fluctuating. We're seventy. We're thirty and snowing. It's just a little crazy here in the republic of New Jersey.

Robb: Nice. Nice. Well, Reno is a very consistent spasticness, as well. It will vary forty degrees from morning to night. So we have the crazy weather setting in, too.

Mike: Awesome. So, Robb, could you tell people a little bit about your journey for those who have never heard it before? It's very interesting how you got to where you are today in the world of Paleo.

Robb: Oh, man. I'll try to keep it short. But I've always been interested in health. I was raised with two very well-meaning but very unhealthy parents. Both of them smoked. Both of them had—looking back now, even at an early age—they clearly had metabolic derangement, which eventually turned into type II diabetes for both of them. My dad eventually lost his foot all the way up to a below-the-knee amputation as complications with type II diabetes. My mother had type II diabetes and autoimmune disease.

From an early age though, looking at the way my parents lived, I just had this sneaky suspicion that if they ate differently and maybe exercised, didn't drink so much booze that maybe they would look, feel, and perform better. And I've always been interested in health and performance.

I was a California state powerlifting champion, did an undergrad in biochemistry, was thinking about medical school, but ended up going more of a research route and have always been fiddling and playing around with my own nutrition. And as part of that I actually experimented with a vegan diet for a couple years. And for me, personally, it didn't work so well. I ended up with ulcerative colitis, irritable bowel syndrome.

I usually walk around a reasonably lean muscular, about 175 pounds. And due to malabsorption issues, I got down to 135 pounds trying to eat this vegan diet, still eating like 4,000 calories of food a day. But it was basically coming
out the same way it went in, largely unchanged, very damaged digestive tract.

And it was around this time, which was, I believe, 1998-1999 area, that this idea of the Paleo diet got on my radar. And I discovered the work on Loren Cordain who became my mentor. Another guy, Art Devany, who was very early in this kind of evolutionary medicine Paleo diet kind of story on the Internet.

And I started experimenting with that personally. I got to do a little bit of bench-related research with this stuff. And now almost fifteen years later on the board of directors of a medical clinic that just practices evolutionary medicine. And we deal with everything from traumatic brain injuries to atherogenic cardiovascular disease and metabolic derangement.

Mike: That's a mouthful. Tell me a little bit...So what changed for me is my background is similar to that. I know you do a lot of work now and you're doing some testing with police officers, firefighters, EMS, all of those sort of folks.

And my dad's version of taking diabetes medication was that it allowed him to eat what he wanted. Like it's not really the gig, Dad. So talk to me a little bit about the work that you're doing now because it's real exciting. And it's something I'd like to see replicated throughout the country.

Robb: So the clinic that I'm a part of now, they started off as an orthopedic risk assessment clinic. So they would go in and assess a work area. If somebody was doing like a lift and twist kind of repetitious movement or something like that, they would look at what was going on orthopedically and assign a risk with that and then built kind of an insurance model around that whole orthopedic risk assessment program, which became pretty successful and sophisticated on the algorithm side of figuring out what was legitimate risk versus noise.

And so these folks had been motoring along since 1993. Then in 2001-2002, three University of Nevada Las Vegas police officers almost died due to cardiac
events within a month. And retiring these folks—it depends form state to state—but in Nevada, first responders, police, fire, similar workers when they have certain disease processes occur, it's assumed that their work is a part of that process, which is true because it's sleep and stress and poor diet and all kinds of other elements that go on there.

And the on-the-books numbers for retiring these people is about $1.3 million dollars. The real cost can be five to ten times more than that. And so it's very, very expensive for these municipalities to medically retire these people. To say nothing of the fact that if they're fortunate enough to medically retire them, then that's great. Oftentimes these people just die. And they die frequently right in the prime of their work life. Somewhere between like thirty-five and fifty-five these people end up dying. So it's very expensive. It's very costly in human resources, and to say nothing of the emotional impact that occurs on folks.

So this risk assessment program—I forget exactly how the three UNLV police officer stories got on their radar—but they asked the question, "Could we look at some blood work and some lifestyle factors and maybe find these disease processes ten, fifteen, twenty years early and then do something to stop it?" And so they started looking at the blood work on these police officers and firefighters. Sure enough, they found people that were at high risk for metabolic derangement, disordered lipids, and blood glucose levels.

And this was around 2003-2004 and what the folks here at Specialty Health did is that they put these folks on a high carb, low fat American Dietetic Association diet. And thee folks got worse. Not just a little bit worse, but dramatically worse.

But it's really interesting. And it's fantastic because we have this chunk of data where following the rules that are laid out to us by the government and by our main brokers of what we should or shouldn't be eating actually made these people markedly worse. And so they did their due diligence. They did standard of care. Standard of care didn't work. They started looking around
for some alternatives. And eventually this idea of a lower carb diet got on their radar, this Paleo concept, and looking at anti-inflammatory foods. And an anti-inflammatory diet got on their radar. And that's where we really had this dramatic shift.

And we did a two-year pilot study that took thirty-five police and firefighters that were found to be at exceptionally high risk for type II diabetes and cardiovascular disease, put them on a Paleo diet, modified their sleep as best we could, which is very difficult because these folks still have shift work. But we did some counseling on how to better improve their sleep, got them exercising with some local gyms.

And based off of the changes in their blood work and their physical, it's estimated that we've saved the city of Reno about $22 million. And that was a very conservative 33:1 return on investment. That was really a big eye-opener.

We've written that up in the *International Chiefs of Police* magazine. And we're working on some medical publications. But we also have a couple of patents under process. So we're waiting to get the patents shored up on some of the IT algorithms that we have and then we're going to publish on the medical side. But we've been working to scale this whole process and take it first nationally and then hopefully internationally and try to get practitioners near everyone that needs help, which seems to be damn near everybody.

**Mike:** It is remarkable. In our chiropractic office, we do a thirty-day Paleo challenge. But the caveat to that is we include heart rate variability as one of the factors. And I'm telling you, the results, I mean, you want to talk about look, feel, and function or performance, that's almost secondary to what we see in the improvements in heart rate variability. It's remarkable.

**Robb:** Yeah, we use HRV in our clinic a little bit. But I'm advocating for it being more broadly utilized. But it's such a great tool because it takes a really nice macro view of what's going on on the individual. And it could be sleep. It could be exercise-induced stress. It could be food intolerances. It could be any
one of a number of things. But if something is affecting an individual such that it’s bringing down their adaptive capacity then that’s going to immediately recognized on the HRV. Now you need to be wily enough to figure out what that issue is then. But it at least tells you that there’s something going right or something going wrong. And I really like that HRV platform for tracking the big macro view on folks.

Mike: Absolutely. Absolutely. So let’s just back up a second and take a look at why you. You wrote this little book a couple years ago. It was called The Paleo Solution. Talk about why this ancestral look at our health is now coming into vogue. And talk, too, a little bit about writing the book and that nature.

Robb: Oh, man! Well, I think that this ancestral health model has...Now, clearly people argue and debate this stuff. So take with a grain of salt that I’m clearly biased on this whole thing. But I have this sneaky suspicion that the way that organisms evolved in their environment have really important influences in their health and wellness and reproduction and all that type of stuff.

And changes in that environment can either be beneficial or negative, and sometimes mixtures of both. There can be both upside and downside potentially. We see that with antibiotic use. Antibiotics can save you from a potentially life-ending infection. But it also can alter your gut flora and then cause some problems with obesity and ulcerative colitis and stuff like that. So some things are clearly good or bad. Some things are a mixed bag.

But I still go back to this kind of big macro picture of we look at an organism...Let's say that we're an alien and we land on the planet. And that alien starts studying these organisms. What do they study? Well, what does it eat? What time does it go to sleep? Does it go to sleep at all? Is it social or not social? You start looking at these elements of the organism.

And for humans, we involved in small hunter-gatherer groups. This was a very long process. We've had a mixed omnivorous diet for huge periods of time.
Some evolutionarily novel foods, some evolutionarily novel lifestyle changes have occurred like electric lights and being able to stay up and alter our photo period and circadian rhythm. These things have really dramatic impacts on our health.

And so I think on the one hand, this ancestral health scene has been gaining a lot of momentum because what we’re talking about and what we’re suggesting actually works and really helps people. Really, we were able to benefit from the Internet and social media and folks being able to try this stuff on like a sweater. Like my greasy used car salesman pitch is, “Give it shot for thirty days. See how you look, feel, and perform. Track some blood work before. Track some blood work afterwards. And if you hate the results, do something else.”

It's not a religion. It's not a political ideology. You can change what you do. And it's just thirty, maybe sixty days, of tinkering to see what's going on. And if you currently look, feel, and perform as good as you possibly think you can, if you have the body composition you want, the energy you want, don't need to talk to me. Keep doing what you're doing.

But I've run across a lot of people who had a lot of issues like degenerative diseases, particularly in the autoimmune genre and in the gastrointestinal related issues. And that's really, if there's an area that Paleo has really shined relative to, say, like a zone diet or something like that, we've really cracked a big nut in figuring out systemic inflammatory diseases and the inner relationship between those issues and gut health.

And I think that all of those things have converged together. And that's been a big driver of why this Paleo ancestral health movement has been growing at an exponential rate since around 2006.

Mike: Agreed a hundred percent. And as one of those folks who had…I've lost about a hundred pounds. Always an athlete, but after the athletic days waned, I continued to eat like I was an athlete. And that weight came on after
two kids. And finally took a look at it. And that's when your book came along. And I was like, “I need to give this a shot.”

And it coincided with my wife getting sick and getting cancer and looking at this and recognizing that, “Hey, this model that we're eating in,”—and I was a exercise physiologist, as well—“this model that we're eating in isn't working.” And we needed to change it. And lo and behold, your book comes along. And we both gobble it up. And thank God here looking five years later, all the markers are remarkably normal.

**Robb:** Right.

**Mike:** And that's earth shaking for most people.

**Robb:** Yeah. I've been doing this for fifteen years. And some days you're like, “Am I making any change? Is there anything good going on out there?” And then my assistants, I think that they get a sense of what's going on with me internally. And then they will start feeding me some of the thank you emails that we get and not just the "you guys are screwing this up" emails.

This is a funny thing. Like I had suspected for a long, long, long, long time that this Paleo approach and addressing gut issues could be very powerful for autoimmune disease. And this is one of the ironies that my mom ultimately died due to complications from autoimmune disease. And I could never get her to buy in on this stuff.

But I just ages ago talked to a few folks that had lupus, rheumatoid arthritis, multiple sclerosis, recommended that they modify the way that they eat. And there was actually a great book out at that time called *Protein Power Life Plan* by Mike and Mary Eades, which is still a phenomenal book. And it covers so much stuff—sunlight, vitamin D, photo period, gut health. The book has really stood the test of time.

But these folks had shocking changes in their health. And they would come
into my work. And they would show me this stuff, their medical work. And they're like "So my antinuclear antibodies were off the charts before I started eating this way. Now they're normal afterwards. And my rheumatologist can't make heads or tails of it." Like basically they no longer have lupus or rheumatoid arthritis or whatever you have.

But these were super small isolated incidents. But I thought that we were right. I thought that this stuff was accurate. But talking about it made you sound like an absolute crazy person. But it was kind of like you're almost like this person who has this psychic ability to see that, “Oh, man. Your house is going to burn down,” or, “You're going to be in a car accident today,” or something.

And you have a chance to intervene and try to help the person. The person thinks you're insane. But yet you still know that you're probably right and that you can help these people. But I spent a good ten years feeling like the absolute crazy person, but it's slowly turning around now.

We have people like Dr. Terry Wahls who has done, I think, three or four clinical trials on a Paleo type diet for multiple sclerosis and lupus. And they just have remarkably favorable results with this. And so we're finally starting to validate and vet this stuff. But it was kind of scary, kind of frustrating. I was pretty sure that we were onto something with this information.

Loren Cordain and I had talked about it a lot, but we didn't have a medical clinic. We were just a couple of guys yodeling about this stuff out in the ether. But eventually folks started listening, and folks were able to compare notes via the Internet and social media. And they were like, “Hey, I did XYZ. And it worked.” Then other folks would do it, and they would get replication on that.

And clearly from a scientific perspective, that's still anecdotal. But man, when you start getting tens of thousands and hundreds of thousands of anecdotes saying the same thing, then maybe we should do a clinical trial on it. And that's what we've finally gotten to.
Mike: And that's brilliant. And this is what we've seen in chiropractic for 120 years. And what we say is, "What do you actually accept as evidence?" If you accept case studies, we have hundreds of thousands of case studies. And there's got to be some validity to that.

But as we know the randomized clinical trials, those are gold standard. So when you get somebody like Terry Wahls getting involved with this, just like you say, to me it's like that movie with Kevin Costner, *Field of Dreams*, where the brother-in-law turns around and says, "When did all these people get here?" They've been here all along. And it's just remarkable. And now we're seeing mainstream stories. It's hitting *Men's Journal*. It's all over the Internet. We see it everywhere.

Robb: Yeah, Paleo's been very popular on *Dr. Oz*, which I'm both chagrinned, and that's a mixed bag. But we'll take what we can get. So it's interesting. But what I like so much about this stuff is that we have a few algorithms now that we can share with everybody. And so regardless of what you have going on, we can give you some easy-to-follow algorithms, some easy-to-follow flow charts, that again thirty, sixty, ninety days of effort, we can probably affect some really remarkable improvements in an individual's health and how they feel, how they perform.

And then that person can decide, "Is this worth continuing?" Maybe it's not. Maybe you really like the hookers and cocaine and Oreos and Snackwells and whatever. And that's fine. My whole thing has just been that there were a lot of people that didn't know that they had an option. And so let's just give them an option. And then they can make informed choices. And then we're good to go.

But to me it just feels very clean, pure, nothing weird. "Here's a way to tackle this stuff. Give it a shot. Let us know what happens." The only thing that I ask is that when people experiment with this stuff, just tell me what happened—good, bad, or indifferent—so that we can continue to collect data, continue to refine the message and try to help more people.
Mike: Let’s just say somebody’s listening for the first time, and this is the first time they’ve ever heard this. Could you talk a little bit about some of those algorithms that you’re speaking of so that they get an idea of it?

Robb: Sure, yeah. So if this is the first time that somebody's heard about this stuff, it's liable to blow them out of the water. But I really like starting folks at a spot where we go thirty days and we don't eat any grains, no legumes, no dairy.

It's fruits, vegetables, roots, shoots, tubers, ideally grass-fed or wild caught fish and game, although that high level of quality is not by any means the must have. Conventionally grown meats are fine. I like to move people for a variety of reasons—both ethical and sustainability oriented—towards that stuff. But it's not the make or break deal. But we're talking about a lot of fruits and vegetables, roots, shoots, tubers for carbohydrates. Good quality animal proteins. And we try to go to bed earlier. That's a biggie.

Even though I'm the food guy, I even up probably spending sixty to seventy percent of my time these days talking about sleep and photo period. And that's where we start. And we try to get people doing some walking, maybe doing some push ups and lifting a little bit of weights if they feel like doing that. If not, just do some walking and generally be active.

And that's the crazy, onerous buy in. Have some scrambled eggs and a piece of bacon and a half of a cantaloupe for breakfast. And for lunch do a quarter of a chicken and a big salad and maybe some fruit or a yam or a sweet potato with that, and then something similar for dinner. And maybe have a glass of red wine with it after the thirty days. We try to minimize the booze a little bit for a while, also. But that's the crazy thing that I'm recommending.

And once folks have been down that road for a while, we figure out if they can tolerate other things like grains. I try to keep everybody off of gluten-containing grains. It just seems to be almost a universality that gluten causes problems with people. I see other folks do fine with some rice and some corn
and some things like that. Some people do better or worse with dairy. And they’ll notice that by some kind of inflammatory responses—joint achiness, runny nose, those sorts of things.

But it's basically a system reset. And we start things on the tight and stringent side, and then we figure out how much latitude you can get away with where the return on investment is good. I find that people do fine with eighty-five to ninety percent dark chocolate. They can eat that with somewhat reckless abandon, and they're okay.

They can have some coffee and some tea and stuff like that. But we just shift things towards a whole, unprocessed way of eating and really try to avoid gluten. And sleep as if you were a decadent thirteen or fourteen year old. And things usually go pretty well.

**Mike:** So, Robb, let's dive into this because this is what I see as something that really needs to be addressed. Let's look at this sleep thing because you having worked with folks that are doing shift work, I mean this is just as detrimental to their health, if not more, than what they're consuming or their lack of exercise. So can we dial in on that a little bit?

**Robb:** Yeah. And, again, because I'm the food guy, you would think that I would just be beating this food drum. But I would really argue—and you made the point really well—I would argue that the poor sleep that people are getting is probably more detrimental than the bad food that they're consuming. And, now, somebody will always have an example of somebody who's eating so horrifically, terribly that I could say, "Okay, well, we have one exception to the rule." There's always an exception to the rule.

But here's an interesting aside that I learned from my good friend Dr. Kirk Parsley who is a retired Navy Seal, became a doctor, and then has been the medical director for the west coast Seal teams for the last six or eight years. And then he recently retired from that position. But he really intimately understands sleep deprivation from both the Navy Seal side of things and from
being a physician. Like he's picked two professions that just absolutely crush you with regards to sleep deprivation.

But he made an observation that the Guinness Book of World Records will allow you to jump the Grand Canyon with a motorcycle, juggle chainsaws, swallow swords, do all kinds of crazy stuff like that. But they will not entertain a sleep deprivation challenge any longer because they deem it to be too dangerous. People reach about eleven days of having no sleep at all, and they die.

So that's just something to think about. Juggling chainsaws, okay. Doing a test where you try to extend the longest that a human being has stayed awake and had zero sleep, that is too dangerous and too fraught with hazard for the Guinness Book of World Records folks to oversee those because they feel it's unethical. So that's just something to noodle on a little bit.

It's kind of like, okay, in the United States in particular, we have this Puritan work ethic, which is great on the one hand. But we think that going to bed later, getting up earlier is going to get us ahead. And it just doesn't. It impacts our metabolism. People who are short-slept one or two nights in a row can be as insulin resistant as a type II diabetic. That can modify over time when they exercise and get some other sleep.

But particularly for our shift workers, the transient nature of their sleep can dip them in and out of being massively insulin resistant. And then if you couple a bad diet with that, you have a really horrible situation brewing. And for most folks, if I can encourage them to sleep better, it actually gives them a lot more latitude interestingly on their nutrition.

For police, military, fire, and medical personnel who are forced to be on transient sleep schedules, then the thing that they can control the most is actually their food. And that's where it becomes very important to think about maybe after the individual has been awake all night that we actually have them eat low carb because they're so insulin resistant that having a large
carbohydrate meal immediately after their shift could really skyrocket their blood glucose levels because they're not getting normal insulin signaling. So that's where we start getting a lot of customization with folks that are on some sort of an altered circadian rhythm, altered sleep schedule.

And all I can say is that the data on this is growing exponentially. And what's kind of cool about it is that unlike food, when you get into the food story, it's like a religious war. You've got Paleo and vegan and macrobiotic and all this different stuff. The sleep story is pretty concrete. There's not a lot of debate about it. High-powered CEOs will whine that they don't want to sleep more because they feel like they need to work harder to get ahead. And so that's a whole neuroses issue that you need to deal with. But you're not really battling these sectarian things that you see within the food story.

So I see tackling sleep as actually a very accessible place to start having any conversation about health. And then what's interesting is that the things that sleep disturbance does to us...It damages intestinal integrity. So it makes us inflamed in that way. We end up with gut permeability. It makes us metabolically broken, causes insulin resistance. It increases cortisol, drops testosterone in both men and women. It alters growth hormone signaling.

When you look at what that does and then when you start asking the question, "Well, what can we do outside of just sleeping more that will help address that?" Then what pops up is an anti-inflammatory diet.

And that's actually an interesting way of leading in and making a pretty good argument for this ancestral way of eating because when you look at what sleep deprivation does to us and then you want to find a dietary regimen to help undo some of that, then the thing that you basically fall out to is removing the gut-irritating immunogenic foods, which is typically grains, legumes, and dairy. And you want to eat anti-inflammatory foods that provide antioxidants and substrates for our immune system, which ends up being roots, shoots, fruits, vegetables, nuts, seeds, good quality animal products. And that's where we play out.
Mike: It’s remarkable. I live here in New Jersey. And we went through Sandy in 2012. And we were without power for about a week. And the remarkable thing is you switch back to that ancestral lifestyle because it’s pitch dark. And it is the darkest dark that you can imagine. I would take the dog for a walk. And literally it is so dark that you can’t see your hand, if the moon wasn’t out, in front of your face. The darkest dark.

So the actual quality of sleep, even in an event like this was better than we were used to getting on a normal basis. And we do all those things that people say is—room darkening shades and no ambient light in the room and a cool room—we do those things on a regular basis. But this was something completely different.

Robb: You know, it’s funny. I don’t get too much into like the electromagnetic spectrum stuff effecting people. Maybe it does; maybe it doesn’t. To the degree that that does effect people, I stick it way, way, down the list like, “Let’s get you off of processed foods first. And quit drinking sodas, and then we’ll worry about EM.

But, that said, I’ve noticed when our power has gone out a couple times or if we just go camping, it’s both dark and it’s just quiet. And there’s none of that electrical hum kind of background. The refrigerator doesn’t kick on and off and all that type of thing. And it’s shocking what it does for your sleep. For some people initially they are so wound tight that it’s freaky for them. It’s hard for them to unwind and get used to that.

There was a great study. I forget where is came out of. But they basically took people who had really, really disordered sleep. And they essentially stuck them out in the wilderness camping, no electrical lights. Basically, I believe they had a fire and that was it.

But once the sun went down, there were no electrical lights, no lighting beyond the fire. And then what they found is that people tended to go to bed pretty darn early because that was reasonably entertaining, but not super
entertaining. And within a week, these folks that had had disordered sleeping for ages were in a normal circadian rhythm then. And then they went back home, and they were able to maintain that for a period of time, but depending on how they tackled their life.

If they just got right back in and they were on the computer up until bedtime, messing around with smartphones, these things are sending green or blue wavelengths of light into our eyes, which tends to block melatonin production in the brain. If they adopted more of a naturalistic kind of approach in the evening, then their sleep tended to be better and maintain better. And if they didn't, then they typically undermined what was going on rather quickly.

Mike: And what I have noticed in my own trial and error, trying to be a good scientist about it, is BluBlocker light glasses work really well for me, especially being a night owl and wanting to do work on the computer later because it is quieter. That has helped dramatically in my sleep quality as well.

Robb: Yeah, BluBlockers were actually sued by folks driving with them. So they work so well that people fell asleep at the wheel. So they really, really do work.

Mike: Yeah. I hate when that happens.

Robb: Yeah. Yeah. So don't operate heavy machinery. Chew a valium and shoot a shot of tequila and then put on your BluBlockers. That probably isn't a good idea.

Mike: Absolutely. I just had a practice member ask me about, is tequila Paleo?

Robb: Mainly it's delicious. So that's really the main issue. So that's the most important thing.

Mike: And what I told her is, "Hey, listen. Just cut to the chase. Rather than
Robb: Yeah, you cut the caloric load. You cut the gluten load. So I just can't figure out what the downside is with that. Seems pretty bulletproof.

Mike: Absolutely. So, Robb, tell us where people can find you. This has been phenomenal information for people. There is going to be so many people that, again, that you're helping that you'll have no idea that you helped. But tell people if they want to know more about your work where they can find you.

Robb: Oh, RobbWolf.com is where I hang out for the bulk of my time. I have a Facebook page both for the main site and a personal page. And I have a four-year old podcast now with a couple hundred entries that I've covered just about any topic that you could imagine. So that's where you'll find me.

If folks want to check this stuff out, we have a free thirty-day meal guide, shopping and food guide, everything that you would need to eat this Paleo, ancestral life way is available for free on my front page.

Mike: That is brilliant. And the name of the podcast is?

Robb: The Paleo Solution.

Mike: The Paleo Solution.

Robb: Yeah.

Mike: Wonderful. Robb, thanks so much for being on The Pain Relief Project today. I really appreciate you taking your time. And we'll talk to you soon.

Robb: Thanks, Doc. Huge honor being on the show. Thank you.