



**Health Hack: Leveraging Your Body Composition
February BioBites Audio Transcript
February 6, 2024 – Jesse O'Brien**

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Welcome. Hi, welcome everybody. Thank you for joining. See some familiar faces and names.

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Okay, so let's get started. I want to say welcome to February, 2024 bio bites.

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My name is Jessica Frank. I'm the Biomed Program manager at the Marion Institute.

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Okay.

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Are those who are new to this program? The bio bites are monthly free virtual educational series. BioBites connect you with some of the foremost experts in alternative health, natural healing and biological medicine today, speaking on key topics relating to wealth health to relating to health.

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Maybe some wealth, health, and empowered health and wellness. First, please keep your muted for the presentation as we are recording.

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But do let us know where you're joining from in the chat and second and there are 2 parts to today's webinar.

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The first half is Jesse O'brien's presentation in the second half is our QA.

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Where he will answer questions that you ask in the chat. So keep that in mind. We do like to use the chat throughout the event.

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Third, I'll go ahead and announce that our next BYOBYS is entitled Well Rooted Introducing Biological Dentistry and that's going to be on Tuesday, March fifth at 12 noon.

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This will feature Dr. Mohammed El-. A biological dentist talking about the differences between standard dentistry and biological dentistry and what to expect from a biological dentist.

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So we'll also put that link in the chat for you. Make sure you're also getting our emails and following us.

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Our social channels to register for that. And also today's recording is, going to be shared later on.

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So, when you do register for these fire bytes, you also get bonus resources. Including this recording, which will be sent to you, if not tomorrow, then the next couple of days.

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Alright, so let's. Bring it in. Today's topic is all about leveraging your body composition.

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And not focusing solely on your weight to determine your fitness or health. And giving us the skinny on our body composition is Jesse Brian.

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Hmm.

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Jessie has more than 15 years as a health and fitness professional. He's the founder of Central Athlete and he has worked with more than 850 clients and has developed upwards of 20 professional coaches.

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Jesse has multiple certifications including one in biological medicine. Throughout his health and fitness journey, Jesse has come to believe that our society's modern convenience culture stands in violation of natural laws, laws

that govern our physiology such as sunlight and nourishment, movement and hydration and sleep, social connection, spirituality, and ultimately our ability to thrive.

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This understanding is the genesis of central health. Central Health is a state of the art facility contiguous with central athlete with the gym.

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So central health offers diagnostics and treatments that support optimization of physiology. Addressing the underlying causes of biological dysfunction.

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Health reflects physical, emotional, spiritual, and energetic balance. And Jesse remains committed to helping people overcome obstacles in achieving optimal health and performance.

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Alright, one fun fact that I just learned about Jesse is that he has completed the world's toughest canoe race.

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A 96, we took him 96 h. It's from central Austin all the way down to the Gulf of Mexico.

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In a canoe without stopping. Okay, so, without further ado, I'm going to hand it over to Jesse.

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Thank you.

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Alright, thank you Jessica. I'm very excited to be here today. And I'm going to be talking about why I believe body composition, not just your weight, is a really critical metric for a lot of us as practitioners to understand, leverage, and to really test and retest over time as part of our patient journey.

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Okay, Jessica, are we all good here?

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I'm not seeing your screen share yet.

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Oh, yep, I didn't hit the button. Share screen. Let's try it again.

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Okay, I can see it. Perfect. Off you go.

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Alright, here we go.

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Okay, so a little bit about me. I moved to Austin, Texas, 1993 from the city.

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I guess my parents were. Contemplating raising a family and raising the family of 5 in the city.

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Comes with some challenges like I grew up competing in tennis and lacrosse so I've been an athlete.

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Most of my life. My, I never felt like this was fair, but, my Parents didn't do this to my brother and sister, but they made me work when I was 13 years old, which is actually too young to legally be employed.

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So, Greg, breed, the owner of the hardware store, how to withhold my pay for a whole summer and then he paid me one big lump sum which is a fun little fact.

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Another interesting fact about myself is that I am not formally trained in health and fitness. I haphazardly fell into this so I actually went to business school went to corporate America was playing out my hair because I was so bored and not stimulated and so very early on I fell into health and wellness.

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I have my CSS, which is, you know, really what you want to use if you want to work with people in the university setting with shrinking conditioning.

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I've got what's considered my OPEX level to certification and then I'm also a biological medicine practitioner.

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I've got 3 crazy kiddos ranging from 9 months the little girl over there and then I got river who's 4 and then crazy man Finn who's 2 and a half years old.

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And then I found a central athlete central health and one of our most recent initiatives is called Help Control.

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Say weekly newsletter where we're highlighting different health fitness and experiential things on a weekly basis.

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Kind of talked about this, but I've got my CSS OPEC level 2 and biological medicine practitioner actually the guy pictured here in the gray shirt is how I met Dr.

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Tom. And so the American Center of Biological Medicine actually helped James Fitzgerald who won the Crossing Games in 2,007 he got very very sick and they helped kind of restore his health.

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I've heard Dr. Tom speak back in maybe. 2012 or 13 and that really influenced me.

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And ever since then I've been trying to like suck all the wisdom after Dr. Out of Dr.

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Tom's brain before he eventually is like Not going to do, you know, practice anymore. So I'm just trying to siphon out every little tidbit of knowledge I can from Dr.

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Tom. So a lot of what I'm going to talk about today, there what I consider principles these aren't like fads or you know little gimmicky things these are

things that are stood to test the time and so utilizing a lot of what I'm going to talk about today, I have been able to achieve certain things.

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I'm mediocre at best but what I'm really good at is being very consistent with my practice and implementing some of these principles like progressive overload, which I'm going to discuss today.

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This was a fun little, montage I put together, took me 2 years to be able to do this, but one day I was like, I want to be able to do a one arm pull up.

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So this is me, getting that one on pull up.

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I've also like Jessica talking about I competed the Texas Water Safari. I've done something called Image Mile, which is where you put one half times your body weight and you walk for a mile.

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I've done 2 marathons, an ultra marathon, something called a beer mile, which is probably something I shouldn't have done.

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And then I've also had my own health challenges being prescribed antibiotics for almost a decade, you know, had GERD, I've got something called Chuckle Marie Tooth, skin issues anxiety and so through a lot of the concepts within biological medicine and health and fitness have been able to achieve a more optimal state of helping and balance.

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Oh. Alright. So the dilemma that we're in is that the majority of us are obese or overweight.

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69% of Americans with only 12% of Americans actually being metabolically healthy. There's a University of North Carolina study that actually looked at the metabolic profiles of individuals and even those of us who are skinny, none of all of us are actually healthy when we look under the hood.

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Part of the problem is that we live in a in a in a visa genic environment, which we're eating foods that are really ill suited to our genetics.

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We're in an environment that encourage us to be very sedentary and there's a lot of us who are active, you know, gym members.

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But only 18% of us actually consistently go to the gym. So we're going to come back to this concept of consistency.

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2021 US diabetes staff talk a hundred 1,000 for the second in a year in a row by 2030 diabetes.

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Related medical costs and productivity loss will exceed 600 billion dollars. 6 and 10 Americans have some sort of chronic disease.

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We live in a world where vegetable oils make up 20% of our diets and 60% from ultra processed foods.

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A product of poor nutrition sanitary habits we're in the midst of a metallic health crisis over 128 million Americans have pre diabetes or diabetes.

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88% of Americans display some level of catalog dysfunction by 2030 50% of US adults will be obese.

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Adding 1.7 2 trillion dollars in health care related spending right this is just a disaster you know that's continuing to happen up to 37% of Americans suffer from clinically diagnosed metabolic syndrome meaning the exhibit 3 of 50 contributing traits.

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High triglycerides, low LD HDL. Elevated fasting blood glucose levels, increased blood pressure and or a large waste.

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25% of adults are completely inactive. So one in 4 of us literally don't do a thing.

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35% of US adults don't get enough sleep. With most Americans lacking these essentials, the average lifespan has decreased 76.4 years as we know it's starting to actually decline Americans average 5,000 steps per day with 25% sitting and over 8 h per day.

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In 2015 the nearest supermarket for most Americans was over 2 miles and 90% of citizens do not eat enough vegetables.

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So I think there is a massive opportunity for everything that we do as practitioners. On this call today, specifically lifestyle support, lifestyle medicine.

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So one of the things I'm going to talk about is why our body's composition of muscle fat and water is critically important of muscle fat and water is critically important to understand and to make an impact. And water is critically important to understand and to make an impact on.

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So, and to make an impact on. So, and to make an impact on. So, at a post tissue or fat mass is now considered a key organ regarding the fate of excess dietary lipids, is now considered a key organ regarding the fate of excess dietary lipids, which may determine whether or not body.

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Or state of inflammation, insulin resistance will be produced with deleterious cardiovascular consequences.

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Obesity, particularly visceral obesity, also includes a variety of structural adaptations and alterations in cardiovascular structure and function.

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So the fact that we have really is implicating us metabolically. Adipose tissue can now be considered an endocrine organ orchestrating crucial interactions

with vital organs and tissues such as the brain, liver, skeletal muscle, heart and blood vessels themselves.

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This also suggests that adipose tissue quality and function is as important if not more so than the amount in determining the overall health and cardiovascular risk.

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Of overweight and obesity. In the population. So in practice, what I'm looking for is roughly that males.

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Are between 10 and 20% body fat. And then females are between 18 and 28% body fat.

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Personally in in my own experience, I actually like seeing below the median of those numbers. So I like to see a male under 15%.

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I like to see females under 23% body fat being ideal body composition for people and the people who have are with in those ranges or below the people and the people who have are within those ranges or below the the ranges I just stated I see less less issues with immune systems.

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I see less, you know, health issues like Acne, PCOS, Menstrual Issues, I see less cardiovascular issues, I see less blood pressure.

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I just, I tend to see somewhat of a connection between health. And body composition. It's not always there.

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But I, I believe it is largely there. With visceral body fat being even more important than these percentages.

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So it's my position that we're really looking at this incorrectly. I don't think this is going to be kind of a controversial statement.

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I don't think obesity is the issue. I believe that it's actually a lack of sufficient healthy muscle tissue that's the problem.

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So focusing on only fixing obesity and the health conditions that right along with it, it really misses this foundational piece of building.

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Quality, lean body mass and having insufficient lean body mass is adipose tissue as a byproduct of that.

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So muscles really the organ of longevity if we shift our paradigm of thinking to focus on muscles we can change the way that we age and optimize our health and wellness in a way that not just creates physical strength, like recreates mental strength as well.

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Muscle is the currency of longevity that can't be bought or bargained for or traded for.

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There's no pill, there's no hack, there's no. Therapy that's going to be able to give this to us.

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In order to develop strength, you have to become a certain kind of person as you are building and improving your nutrition and doing resistance training, you're not just changing the physiology about.

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Of your body, you're becoming someone who is more capable. More courageous and stronger. To me, that's what longevity means.

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Benefits of increased muscle mass. Increased metabolism is going to help us age gracefully and offset sarcopenia, which is essentially low muscle mass or muscle wasting.

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Okay, it prevents weight gain and obesity. And I think what one of the most important thing from a metabolic profile.

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Is that lean body mass is the largest blood glucose disposal site. So it's, it's effectively like a, like a sink.

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So when I eat carbohydrates and if I must sufficiently muscle person, it's like I have a bigger sink or a bigger drain for the carbohydrates to spill out.

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And if I'm not sufficiently muscled, it's like I have a tiny little sink with a tiny little drain and my body isn't as flexible or doesn't have the ability to dispose.

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Of carbohydrates that I am going to eat. So the fun part of resistance training and building more lean body mass is that you have more of ability to target to tolerate more of the standard American diet or more carbohydrates.

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And so it gives people a lot more flexibility with their lifestyle long term. So I see this as 3 levers that I'm going to kind of propose today.

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There's a movement right and I'm going to put that in the bucket of like walking riding a bike, swimming.

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Roller skating like anything that can be done easy without a ton of effort. Second thing is going to be nourishment.

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What are we putting into a body? Third thing is going to be resistance training. Resistance training does not mean you have to go to the gym.

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For somebody who's never done any form of resistance training, that's going to probably look like side planks and step ups for somebody who's been way training for 20 years.

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You might be doing heavy barbell backsquats, let's say. So the individual is going to dictate the proper exercise and implement that is going to warrant the correct stimulus for them.

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So I am, we actually have a slogan here, at Central athlete and it's make walking cool.

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And my belief is that people shouldn't come into our gym until they have mastered the fundamental habit of walking.

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Right, there is, it's a very democratic thing to do. Like there's no like most everybody can walk outside and you know to go for a walk.

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You know, generally it's free. You don't even have to have shoes half the time.

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Like walking is just so accessible. And there's also not a lot of psychological assistance. About even myself who's been training for long periods of time, sometimes I still go to the gym and I'm just like, oh, I gotta do this thing.

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But if I go for a walk, it's just there's no resistance. I just can do it.

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So if we're trying to optimize these habits for doing them for the rest of our life and really have to think about this consistency aspect.

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And when we have psychological resistance. It's going to make it a little bit more difficult to do something on the scheme with decades.

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So some interesting facts about walking. So if you walk just 2,500 steps, which is about a mile, it's enough to be able to reduce your risk of dying of cardiovascular disease.

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Add another 500 steps, which is about a lap around the track. You lower that risk another 7%.

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Boost set the 4,000 steps, you're going to reduce the risk for early death from all-cause mortality.

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Pull up to 6,000 steps. You're going to lower your risk of dying from type 2 diabetes, particularly if you're an elderly woman.

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Another 500 steps, you're going to probably lower your blood pressure. Pass the 8,000 step mark.

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You're going to lower your risk of obesity, sleep apnea and depression. At 9,800 steps you may reduce the risk of developing to to mention by 50%.

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Now you've cleared the infamous 10,000 steps. What happens if you keep going? The benefits are still there.

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At 15, your risk of dying of cardiovascular disease, maybe 77% lower.

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That it was at 2,500 steps. It's critical. It's a huge, huge, huge benefit.

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At 11,000 steps, your risk for hypertension. Diabetes, suppression, obesity, sleep apnea.

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25 to 50% decreased more than that 6,000 in steps at 11 5 the risk for an early death may be 67% lower than it was at 4,000 steps.

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The average American takes 4,800 steps a day. So I dare everybody on this call to do a little bit better, literally every single step counts.

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I know right now it's not that best weather for every single person on this call. But we can always take a couple more steps, even if it's a couple walks around the islands or our kitchen in our house.

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Alright, so the way I think about movement and the prescription for movement is I would and this is an exercise we actually can all do right now if we have some sort of like o- Ring or Fitbit or Apple Watch.

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For everybody to look at their let's say monthly or yearly average take a look at that number I'm going to actually do so myself because I haven't done this in a while.

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And see where you end up. If you're able to access that information.

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Alright, so I have that number here and if this is something that you are actively trying to improve, right, your metabolic, your health, your body composition.

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What I would advise is you now have a baseline. So say that baseline is we'll call it 5,000 steps.

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We want to boost that about 10 to 20%. So anywhere from 500 to a thousand steps. That's about a reasonable ask.

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So we're going to say the person. It was taking 5,000 steps per day. Can we increase this to 5,500 or 6,000 steps per day?

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Excuse me. We're going to hold that recommendation, that movement prescription for 4 weeks. So I'm going to say, okay, I'm going to try to get a minimum minimum, 5,500 steps per day for the next 4 weeks.

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And then I'm going to go see, was I able to do that? One I've developed a consistent habit and now I feel confident at the end of those 4 weeks I can

rinse and repeat rinse and repeat rinse and repeat and keep getting myself up to a point.

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That feels good and connected to my goals. Personally the best outcomes that I see it very it very much depends on the bioindividuality of each person.

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What does their diet look like? What are their stress levels? How much are they sleeping? All these different factors and the range is I see from a body composition lens that are the best.

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Are between 7 and 15,000 steps per day. But having a step goal and having some of this tech I think is great because it builds a sense of awareness and it can really help us avoid weight loss plateaus.

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Okay, nourishment prescription. There's a so much information out there of what to do, what not to eat.

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You know, there's a lot of minutia within there to keep it very, very, very simplistic.

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If you focus on your intake, that's going to drive weight loss if you focus on your protein intake.

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That's going to impact your body's composition of muscle and fat. That's what all the the data is really telling us.

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And those are the strong levers to consider. So ensuring that we end up in some sort of caloric deficit is a big strategy for weight loss and then ensuring that we can assume enough protein is how we're going to maintain a good amount of mean math, make sure we're not just as we lose weight that we're losing lean mass in the process of doing so.

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Portion control strategies. Of course the best ways of doing this is a combination of exercise mix in with a nourishment prescription.

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Ways that I'm trying to get people to Be aware and control their portions. The first one is eating large volume foods that are calorically sparse.

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So if we look at this little graph over here in the top right, oils are very calorically dense.

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But they don't have a ton of volume. Nuts, right? We're starting to kind of move down.

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Then you look at a couple of mangoes 3 cups of cauliflower and then 6 cups of celery, right?

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You can see that there is a lot more volume in the celery. And a lot more calories right in the cooking oil.

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Eat satiating foods. Alright, this is another, great one as well. So, actually potatoes are extremely satiating.

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It's a very, very, very satiating food. Protein like white fish, porridge.

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Oranges, apples. Pasta beef baked beans you can kind of see that we have kind of a diminishing amount of satiation with like croissants bread white rice kind of being at the bottom of this list over here.

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Consume ample protein. So I'm big into not getting like stuck on like a food scale and typing things into an app.

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We have great measuring devices here. And they come on every human. The majority of human body.

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So one palm sized portion of a protein dense food that can be animal based protein. For some that could be Greek yogurt for somebody else that can be tofu template to the next person that could even be legumes for some individuals as well.

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Another strategy is chewing your food 31 times. So masticating enough, slowing down, not eating so fast that we eat so fast that it's beyond what our stomach can kind of register in our food that we're taking in.

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Setting down your utensils between bites. I actually have had a couple huge weight loss successes with just the person every single time they made the intentional habit to put their utensil down even if it was for a couple seconds but they did it between every single bite.

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Using a smaller plate that can, it's a little like psychological thing, but it makes us feel like we're eating more food than we actually are.

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And then eating without distraction. So. Getting in a car big no no

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The whole conversation of a protein. And how much to consume, comes up quite often. So first we needed to find 2 little protein.

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So the media right we're really in a day and age right now where proteins being villainized for for many different reasons.

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But the question of plenty comes up and plenty in relationship to what. So the artist excuse me the RDA said it at point 8 grams per kilogram of body mass so for somebody who weighs 150 pounds, this equates to about 54 grams of protein per day.

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The RDA is put in place as the minimum to prevent deficiency. So when we hear in this narrative that we're getting too much protein, we're getting at plenty of protein to prevent it.

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Efficiency, but we're thinking about how we want to age, how men and what women need to support body compensation changes through menopause and Andrew pause.

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The RDA is absolutely inadequate and I think it's it's very much misleading individuals.

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And I think even worse it's really pushing us towards a state of dis More optimal range based on scientific evidence is having between 1.2 to 1.6 grams of protein per kilo body weight every day for most adults this is a bare minimum of 100 grams of protein.

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Daily give or take. I often push people closer to one gram per pound of body weight which kind of explodes a lot of people's minds but when I draw out you know where they're getting their calories from it's a bit more of a balanced side from a macronutrient perspective.

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The biggest group that I see challenge with this recommendation is females. A lot of times really have a hard time consuming optimal or adequate amounts of protein.

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And, both males and females as they start to get a little bit older, our needs and necessities for protein actually increase.

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Our protein or I'm sorry our digestive systems aren't as efficient anymore and we actually need to be consuming more.

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But while that is happening physiologically, I find that a lot of people have a much harder time.

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Consuming protein sometimes it's like they don't have the appetite for protein they feel like maybe taste buds change or just their desire to match.

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And it changes. So it is definitely something that that in practice can be quite challenging. So, you know, it's my role to continue to educate, in practice can be quite challenging.

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So, you know, it's my role to continue to educate, inspire, empower individuals to continue to try to think about creative and exciting ways to get more.

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And more protein in. The the best way is going to be from Whole Foods. So, you know, eggs, chicken, fish, you know, ideally animals that live very healthy, happy life, you know, grazed around a pasture, ate someone of a natural diet.

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But for people who are having a hard time with this recommendation, sometimes we do need to opt for process foods.

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We, you know, protein shakes can be an option for people who are having a hard time doing this.

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I do feel that the quantity is will trump the quality aspect. Once you get the quantity, then you focus on the quality.

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That makes sense. So, you know, if I'm only eating 60 grams of protein per day and I need to fill that in with protein shakes.

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Maybe I get into a habit of doing that for half a year. And then eventually I start to try to do it more from Whole Foods and maybe Addams and beans or some Greek yogurt or another serving of animal based protein.

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Some approaching strategies that I recommend for individuals. Prepare your protein in advance. You should always have protein in your fridge, in your survival kit.

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You should always have something to rely upon. And so you need to be thinking about options that won't expire quickly.

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So chicken sausages, those won't perish very quickly. Smoke salmon just another great option.

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Pre-boiled hard boiled eggs. Protein powder, jerky, those are some kind of go-to's for me, because they're not going to spoil very quickly.

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Always having a survival kit in your car or your purse or maybe your office so that you're never in a situation where you're not set up for success.

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This is where most people fall into the trap of making poor decisions. Where you've been running around all day blood sugar drops to get super hungry and then it's like I just got to get some food.

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It doesn't really matter what it is. So they get something in when they're at their most vulnerable moment.

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Again, one palm size portions for females, 2 palm size portions for males is a great recommendation.

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Resistance training strategies. We want to incorporate some form of resistance into our daily life. So again, this doesn't have to be going to the gym and for most people I actually advise not come to a gym.

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Side planks, step ups, wall sets, planks. Those can be enough resistance to, create, hypertrophy, which is the enlargement of muscle tissue or the muscle fibers within our bodies.

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Eventually you might need some bands or you might need some external loads if you're the right candidate for that but it needs to follow this concept of progressive overload.

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So those of us who have understood, you know, saving money and building wealth. I would, I would relate this to why am I blanking on my words?

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Compound. Compound interest I said not feeling right. But essentially, you know, if we save a little bit of money, we want to invest that money.

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It's going to grow and grow and grow. This is kind of the same concept with progressive overload is essentially what we're going to do is we're going to start with a certain amount of let's say we're going to do let's see, like 10 dumbbell bench press with, with 20 pounds, right, on my first session and I do 3 sets of that.

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Next session I might do 12 repetitions. For 3 sets with the exact same way on week 3.

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I might do 15 repetitions with 20 pounds. For 3 sets. So I've incrementally progressed or overloaded.

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The amount of stress to my body. So Training is a hormetic stressor. It's essentially what doesn't kill us.

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Makes us stronger. So our body, we're interrupting homeostasis and we're stimulating the muscular skeletal system and the body says, oh, this is pretty challenging.

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I'm going to have to adapt to that the way in depth is by building a little bit more lean body mass.

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And so the way that we put on more muscle tissue or we get stronger over time is just layering little bits more stress over time.

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That can be by adding more reps. Adding more sets, we can be adding more weight. We can be shifting to a different exercise.

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So maybe on week one I'm doing wall push up against the wall, but it's time I'm in week 12 I'm doing push-ups in the floor.

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That's an exercise. Selection progression. But this is the prime strategy. That needs to be implemented if we want to impact the Moscow skeletal system possibly and specifically gaining more lean body mass.

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I want to kinda get into some of the psychological concepts that I see. Being critical with a lot of things that I'm talking about.

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So adherence your consistency is one of the most critical things. That will dictate the results.

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So when I hear people I was like, oh, I. I tried so that I didn't really work.

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The first thing I'm thinking is like the either weren't implementing progressive overload or they weren't consistent with what they were doing.

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So understand that you must compromise your diet sometimes, but every weekend cannot be a special. Location. Being consistent with your nutrition is how we will have long term that loss.

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This means choosing times to focus on how your nutrition. Wind to focus on your attrition to allow for the most significant adherence.

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So avoiding times like vacations and holidays to really focus on. This dietary aspect of things.

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Another aspect is discipline. Discipline, you know, a lot of times people think. I don't know, like they have kind of a negative mindset of discipline.

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They think a lot about restriction when I'm asking people what the what they feel and they think about discipline in my opinion discipline is having clarity on what you desire.

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And what you value. This means choosing what you truly want most over what you kind of want right now.

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So this is not self-denial. This is not restriction. This is not controlled. This is not push punishment through discipline.

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You will get more. Of what you want in life, not less. So it's giving attention to the things that we feel like are very important and we valued our lives.

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Even if right now in the moment you don't really want to do that said thing. So I'm just like anybody else.

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I would love to have. Eat a cake right now or I would love to have a you know a delicious bowl of like Thai food but if I eat that every single meal I'm going to really eradicate my health.

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I'm going to not feel confident. I'm going to have lower energy and so Discipline is about choosing when to eat those foods and then when to lean away from those foods.

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Sustainability while we discuss some strategies to lose weight the primary challenge is sustaining these changes long-term and avoiding weight regain.

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The ultimate theme of long-term weight loss is how you can create the most sustainable plan. I'm going to say that more time.

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So the ultimate thing of long term weight loss is how you can create the most sustainable plan. That's essentially my work right there.

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So I'm trying to figure out what can this person do not for days, not for weeks, not for months, not even years?

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What can this person do for decades? I mean, I'm trying to get them to be able to pattern these things in.

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So when they're 70 years old or 80 years old, they're still doing the things that we talked about.

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Determine what is appropriate we need to delve into this concept of behavior change. Humans have an 85% long, 85% chance of long term adherence when we make one change at a time.

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We are terrible at anything beyond that. So if I say Hey Jessica, hey Chris. We're going to start a challenge tomorrow.

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You guys are going to drink 100 houses of water and you're going to go to the gym and you're going to walk 6 miles per day.

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Assuming you guys are don't already do those things. You guys might. When we go to 2 or more changes, our chances of success drops to 30%.

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If I give you 3 or more changes, that is sub 10%. So there's really no chance in hell that most people are going to be successful from my way of measuring success from behavioral standpoint.

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So what does this mean? This means we need to the fastest way to our goals is actually to start very slow.

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One have at a time. This is where I am so guilty of screwing people up of like we're going to drink water we're going to go for walks we're going to do resistance training, we're going to do intermittent.

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You know, we're going to take under numbers, we're going to do all these things. I just overwhelm people.

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And then they never come back. And I have really messed with this paradigm of what it takes of what they think it takes to be successful.

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So one half at a time, master it for months before you add the next habit. All this may feel painfully slow at the moment and actually is the fastest way to our objective.

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And so a lot of my work is actually pulling people back and slowing them down so we can make true change.

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For them. Environment. So is your environment aligned the outcomes you design? This is a really really tough question to ask people.

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So the analogy I have is if you are a drug addict and you keep hanging out with your drug addict friends, your chances of long-term sobriety, they're really nil.

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It's not going to happen. The same goes for losing weight. If you spend time with people who do not value health and fitness, your chance to success or minimal.

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The hardest thing you may have to do to lose weight, to distance yourself from some friends in the process.

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I know that I had a really hard time with this as I started to move from my identity of, you know, post college grad and I was trying to get into health and fitness.

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I had you know, this great group of friends who are 6 of us. For instance, elementary school and you know a lot of us had the same behaviors that we had from college and while I love these guys I still love these guys.

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I realize that in order to be the person that I wanted to become I had to find a different way of relating to them.

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So I didn't have to be over at their house, you know, playing drinking games till 2 at night, I could go play volleyball with them or I could go to Barton Springs, which is a natural spring fed pool.

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I could do things that were more aligned with the person that I wanted to be. And it was actually great because I actually positively influenced them and we set up a much healthy relationship long term.

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Getting one level deeper. Really if we're trying to improve our body composition, I know this is, you know, might feel like I'm taking like a bit of a leap here, but it's completely true from my perspective.

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Is this really an identity change? Is we have to become a different person. The hardest part to fathom is that losing weight isn't just about a pill, you're not taking the diet, you're not falling through with your body composition reflects your values and more generally your identity.

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If you want to lose weight for long periods, you must become different. The person who walks through under 65 days per year, rain or shine, the person who each predominantly plants and animals.

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The person who consistently does some form of resistance training several days weekly. For years, for decades. Progress is not measured in days, weeks, months, or even years.

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The ultimate scorecard is decades. You could lose your job, your home, your money, your reputation, your loved ones.

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But your body is with you till the end. Nothing compares to the confidence comes with developing your body and mastering your own physiology.

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It is the ultimate box in life because there is no shortcut. Instantaneously when you see somebody you can tell whether or not that person you know honors their body or if they don't and so you can get a true understanding of individuals from from my perspective.

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For those of us who know Dr. Tom, there's an excerpt from his book under numbers and I really like this.

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This will dive into some of the psychological things. That I often see in practice. So everyone has an energy about him or her that will track similar energies into his or her life and this energy can manifest as a person, disease, or event.

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The event or thing that occurs continuously in one's life is most assuredly coming from the energetic level of that person.

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This patterning determines one's life's events. This pattern can be changed with major lifestyle or mindset change as well as proper therapy, such as flower essences, single remedies, oligotherapies, gemmotherapies, UNDA numbers, nodes, energy or acupuncture, etc.

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This is what all of us in the call today do. I see what I call cognitive distortions.

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These are distortions in people's cognition that influence their behavior. These are typical thinking errors.

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And their definitions. These are important in the consultation to make effective behavior change. First one is all or nothing, all or nothing thinking.

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Essentially it's polarized black and white. It's either this or that. Fortune telling you make negative predictions about what will happen when other outcomes are more likely so changing my nutrition won't help me lose weight, for example.

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Labeling you put a globally negative label on yourself. I'm a failure for making a mistake.

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Number 4 is emotional reasoning. You believe something must be true because it feels true. Well, I must be incompetent because it feels this way.

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Select the that abstraction. You pay attention only to the negative aspects of situations instead of considering the entire experience.

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I made so many mistakes.

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Got a few more over generalization. You draw a general conclusion on the basis of a small amount of evidence.

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I do everything wrong. Mind reading? You are sure to know what others are thinking. They probably think of foolish as an example.

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Personalization and blame. You take others actions personally when they actually have other intentions. They did that to me on purpose.

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Or you blame yourself for something you weren't entirely responsible for. Should statements and imperatives. You have an reasonably rigid idea about how you and others should or must behave.

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I should always do my absolute best. So like a perfectionism. Mindset. And the final one is magnification and minimization.

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You magnify the negatives. Or minimize the positives.

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Okay, and so I've got kind of an exercise here where people are actually able to identify the situation, their automatic thoughts, the emotions that came from that.

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They're also able to include alternative responses and then they can also dictate the outcome. This is a tool used to help.

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You know, kind of start to work on shipping that mindset as a relates to somebody's energy that's probably been That's a learned perception for that individual.

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And then this is kind of a tool. To help with alternative responses that will be included on these slides.

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One final thing is, I have something that I thought could be helpful for this group potentially and that's something that I call nutrition on the go.

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It's for people who frequently travel. And it talks about this concept of a survival kit but gives you some very like specific things so if this if ever this is interesting for people people need a little bit more support in this department it has a lot of strategies tips and clinical pearls.

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Feel free to shoot me an email. Jesse, JSSC, essential app.com.

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I'd be happy to share this with you guys. And then that's it. Lot of random thoughts here and there, but, open to any questions that, individuals might have.

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Alright, thanks so much Jesse, I really appreciate it. That was an awesome presentation. So yeah, I'm going to just quickly share your link to central health and now I'm going to move over to some questions we had 2 that were previously submitted and then I'll go into the chat and we'll go through some of the questions.

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That were posed in the chat. Body composition and a smart scale. Is there a smart scale that you would recommend and I had one too it was kind of overall how do you measure your body composition?

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How is that done?

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Yeah, so here in the clinic we have a biological impedance device so it puts a small electrical charge to your feet your hands based upon the amount of time it takes is going to be able to analyze how much most of that and water you have.

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There, are a ton of ways you can do this. You have hydrostatic weighing, you have a Dexter scan, you have something called a pod.

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What I recommend is taking something and sticking with it. What doesn't matter is like, you know, am I 20% and my 19% and my 24% like the hard number I don't think really matters completely.

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For most people, it's relative change. It's I was 24%. I started walking 10,000 steps and then now I'm 21%.

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Okay, that plan worked. That validated that my new behavior worked. I think that's the value of biological body composition tools.

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That if I were to give a recommendation there's a company called in body has an at home, like scale device and I like it because it has 4 points of contact versus just choose the most scales only have like electrodes for the feet but I believe the embodied one has a little like like this little arm device you can pick up and then you can like hold your arms out and then you get

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the feet in the hands in there. So theoretically it's a little bit more accurate because you're getting more points of contact in there.

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Dexa is going to be one of the more accurate ways of doing this. So it's a dual x-ray, but even more accurate than that would be like a dual MRI machine.

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Just a little bit more invasive and costly. Hydrostatic weighing is also, it's kind of like underwater weighing that's very accurate as well but I would say pick one stick with it.

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Okay, alright, that makes sense. Subcutaneous versus visceral fat. What are the best ways to reduce each of those?

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Yep. So, this role, that is, you know, what we know about it is from a metabolic profile, it's extremely deleterious to help.

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It's not something that we want. I haven't seen any sort of like national or global standards for acceptable levels of visceral body fat but recently I was at a company who is a Dexter scan company and What they do is they will pull all their information and they'll give you kind of like, you know, like a bell curve of essentially where you want to be in terms of this role body time.

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Essentially, the less you have, the healthy you are. But both are going to respond. You know, to, you know, like long-term, you know, deficits.

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And I, and I want to kind of practice something is I don't believe that everything can be explained by Calories and calories out.

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I think it is a model, a framework that has Some definite limitations, right? When we have changes in, you know, water retention when we have, you know, different things happening, you know, with the adrenals or hormones, like there, there's things where things make this a much more tricky model, but.

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Generally speaking, it just means that you, you need to pull somebody deeper into what would be considered a deficit.

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Meaning they need to move a little bit more or they need to assume a little bit less and Ideally, it should be a portion of the 2.

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So if you're doing that for long enough periods of time, your body theoretically should be losing visceral subcutaneous fat.

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From the visual body fat, I would point out the reduction of inflammatory foods being most likely a contributor towards visceral body fat, specifically poly and saturated but fatty acids.

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So cotton seed oil, canola oil, safflower oil, all these, you know, inflammatory omega 6, fatty acids.

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I'd have to, you know, double check, my suspicion here, but I would believe there's a connection if I were to look at some of the evidence towards their impact on visceral body fat.

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Right, there's a lot of that in the news going around about those. Alright, let me scroll around into the chat.

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One of those that's kinda similar along the lines of that body fat. What causes someone who kind of a normal size or normal frame to have that large round huge belly fat?

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And is there anything to do specifically targeting that area? How do you lose that?

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Yeah, I mean I'm thinking liver, you know, when, when I, when I, so it kind of depends.

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If I'm, if I'm seeing like. The like kind of distended like stomach I'm really thinking liver like we have a liver that is very very like congested and it needs a lot of liver support.

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So that's where I'm kind of like leaning on my biological medicine frameworks and I'm doing things to support the emunctories I'm doing things to support that specific liver I might even think about a castor oil pack or something like that.

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Now if we're if we're talking about So I used to do a 10, site skin caliper test.

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So we test, you know, here, you know, bicep, you know, mid auxiliary, super Iliad, umbilical, we got 10 different sites from the body and What we would notice is that there's a pretty big correlation.

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It's not perfect. But when we're talking about the umbilical and the super Iliad, there's a big connection to cortisol and insulin.

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So when I'm seeing those, I'm also, that's where I'm starting to individualize the diet.

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So I'm not just saying, okay, we got a like, you know, reduction of calories is going to be like a foundational piece of this but I'm also thinking okay does

this person need to go on a low carver ketogenic diet because this person is likely insulin resistant.

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That's my clinical suspicion. Then I'm going to go test their blood work and I'm going to say, oh my gosh, okay, they're insulin's at 34.

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They're A one sees at 6.4, right? We got some metabolic things going on their triglycerides are in the 4 hundreds like Now I'm really, you know, I have some more data to inform me of like, okay, we need a.

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Fix the metabolic profile. I'm going to use nutritional therapy as a form of supporting that individual.

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Wow, that's great. Okay, shifting to resistance training. Do you find a stronger yoga or more active yoga resistance work or is that not enough progression?

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So it depends on the individual, right? There's something called the said principle, right?

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So another principal that's going to help answer that question. Specific adaptation to impose demands. So really the depends on what that person is doing.

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I mean, if they're doing a bunch of like dynamic reps, you know, if they're holding positions for long periods of time.

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And they haven't been doing anything for long periods of time. They're going to they're going to get a novel stimulus and their body is like going to develop a little bit more muscle, better muscle endurance.

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But if they've been doing that for 8 years, they're probably not going to have those.

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Benefits any longer. They've already adapted to the imposed demands of that type of training.

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And Typically with with yoga unless it's very systematic, it's not being progressed.

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In the manner in which it would lead towards changes to the muscle fiber. So if you look at the this the the group that like it's an expert here, these are body builders, these are figure competitors and these people very meticulously will track their training volume and a lot of times they're tracking their training volume with like total tonnage, right?

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So for example, if I did a bicep curl. With 30 pounds. I did that 10 times.

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That's 300 pounds. 3 sets, that's 900 pounds. They would add up that number for their entire workout.

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And so say I lifted 16,000 pounds on week one. We do a 17,000 and then 8 week 3 is 18 right it's very meticulous.

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And that's, I can nearly guarantee that's not happening. On the level of yoga individuals.

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Now if you practice yoga for long periods of time and you're doing these other things you might be within a normative body fat percentage you might have sufficient muscle mass.

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So that's where We, you know, we need to somehow like, you know, test this, but if you're 29% body path as a male, and you know, you're under-messled, you need a different strategy.

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So the individual context always matters here.

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Okay, cool. Awesome. Alright, I'm going to shift into another one. This one is, I had a DEXA scan test for my bones.

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I was told I have osteoporosis, age 56. I don't want to get the infusion. Age 56.

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I don't want to get the infusion my doctor recommended. What other ways can I improve bone density without a.

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56. I don't want to get the infusion my doctor recommended. What other ways can I improve bone density without a prescription?

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Resistance train. Get a load. I mean, a bone that's not loaded, it's wheat.

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You send people up to the space station. The deal with osteoporosis osteopenia.

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You know, osteoporosis is a more complex issue. It's kind of a geriatric disease with an ideology, you know, kind of between where, you know, About 25 years old is about pink phone mask for a female.

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So it's like what was that person eating back in the day? What were they doing? But, I have seen plenty of DEXA scans for people who are well into their thirtys to sixtys and I've seen a team that improve things.

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So the first thing I would start doing is I would start implementing progressive overload for this individuals.

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So that person is let's say they're doing yoga, I might say, okay, cool, let's upgrade that.

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Maybe let's do, you know, some air swats and eventually they're doing some gobble scots where we're holding like little like Kettle Bell or Dumbbell here.

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They were using some resistance fans. And then I would do that consistently 3 days per week. For 6 months test and retests and see if it's an effective strategy.

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Obviously there's some nutritional components here, but you know, bone that's never loaded just gets weak, you know, a muscle that never gets torn is never going to get bigger an immune system that never gets stimulated is going to get weak we have to you know it's the process of hormesis we have to stimulate our body with these little stressors.

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Otherwise, you know, it will fall to the level. Or the capacity in which our environment is signaling it.

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Okay, good advice. This is another one coming into the chat and we have about 4 min.

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So I'm just mindful of our time. We still have plenty of time. Question single goal at a time.

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How do you handle people who need to eat better and move better at the same time? So both if they don't eat well, then they won't move and if they don't move and they will meet well or something like that.

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How do you handle that?

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Hmm. Yeah. This is a great question. And I'm, I sometimes will violate my own advice and give multiple recommendations initially.

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But what I'll say is like, Say that, say that's the case. Somebody needs to eat better and they need to move more.

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What I'm going to ask them is if you had to pick what do you feel like most apt to do right now?

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Like, okay, I really feel like I can go for like a walk a half mile walk every single day.

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Fantastic. That is all we're going to monitor and all we're going to measure.

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And so literally I want to do is give me a check mark on a calendar if you get it and ex, market you didn't you're going to come back in 14 days and we're going to talk about that but Here's some general principles with nutrition.

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We're not going to measure that at all. Now, if you go for a walk and you feel encouraged, either healthier diet or lunch, I'm not going to stop you.

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Right? So they they might have like empowered themselves, but I'm only holding them responsible for one thing, right?

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Because I'm trying to say make it simple. Right? But a lot of times they like one habit dominoes into the next habit and I'm not going to I'm not going to like prevent that or say that's not a good thing.

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I'm going to only encourage it but I don't want to make them responsible for moreable things, which might make them then feel unsuccessful if you don't do both of those things.

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Yeah, that's what I was just thinking. It has a spillover effect. Yeah, great.

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Exactly.

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Okay, let's see. Martha, can you give us some time frames for encouraging a short-term goal?

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Long term goals like losing 25 pounds. Is simply too ominous. So what's a good timeframe for a short-term goal?

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Yeah, so from a weight loss perspective, I'm looking at. Half a percent to 1% of weight loss on a weekly basis.

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So if I weighed 200 pounds, half a percent of 1% is going to be one to 2 pounds on a weekly basis.

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If you do it slower than that people are like oh my gosh is so needlessly slow in the junk ship if you go faster than that, then you're catalyzing too much lean mass in the process.

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If you're trying to gain weight, it's a quarter of a percent to a half per cent on a weekly basis.

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And that can kind of help. So it's I'm kind of thinking like It's about like one to 2 pounds for males.

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Is about maybe like half a pound of one pound for females. It's just like general recommendations on the weekly basis.

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That is what the data tells us.

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That's great. That is great. One just quickly before we wrap this up tell me the difference between body mass index BMI and body composition

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Yep. Bmi really came from insurances, insurance companies trying to analyze large subsets of data.

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So, you know, you'll get height and weight and then you're going to be able to get like a BMI, right?

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But it really isn't a great tool for people who are like, you pretty muscled, right?

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If you're, you know, I could be 225 pounds and 6% body fat and I would consider myself pretty healthy but then I'm more you know obese or I'm not morbidly obese but I'm obese.

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At that point. So body composition is a little bit more granular. BMI is more of a general tool and it really isn't, BMI shouldn't really be applied to individuals.

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It should be more applied to like large like data sets like millions of people at a time in my opinion.

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Okay, great. Awesome. So everybody we are just at our time for today for today's BioBites.

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I just want to say thank you to everybody who joined us. Again, you're going to you'll be receiving their recording plus some resources in a day or so.

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Okay.

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Don't forget we have another bio bites in a month. The link is in the chat right now.

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If you're anxious and you really want to register for it. Go ahead. We do have some great events coming up.

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We have a upcoming mindfulness based stress reduction 8 week course in meditation starting at the end of March.

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So please check that upcoming mindfulness based stress reduction, 8 week course in meditation starting at the end of March. So please check that out.

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And stay in touch with us. Thanks everybody. You can say goodbye if you want to, Jesse.

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Bye guys. Thank you for attending. Oh, present all the, shoot over slides to Jessica and you guys can down with the slides here and probably in the mix.

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Couple days or weeks. Thank you.