

Dr Mike T Nelson: [00:00:00] What's going on? Welcome back to the Flex Diet Podcast. I'm your host, Dr. Mike T. Nelson. On this podcast, we talk about all things to increase your performance, add more muscle, improve body composition, do all of it within a flexible framework without destroying your health. Today on the podcast, we've got my good buddy, Aaron Straker

and we're talking all about the difference in this is geared a little bit more towards bodybuilding. He's talking about his experience with being a natural bodybuilder and then going to enhanced bodybuilding. So what are some of the pros and the cons of this approach? What can you learn from his experience?

He is very open about sharing his results, which I thought was really good. And I've known Aaron for a while and I can say from what I've observed, [00:01:00] very diligent about his nutrition in training, and I thought this was a really cool case study to see some of the before and after. Obviously, none of this is to be considered medical advice.

It's for information and entertainment purposes only. But I wanted to have him on the podcast to again explain his thought process of doing this, at least in my Instagram feed, but maybe it's just my Instagram feed. It seems like there's a lot more talk now about performance enhancing the drugs from gray area, things like peptides to steroids, growth hormone, and everything else in between.

And as you know from listening to this podcast, my bias is people should be very educated about these decisions that they're making. Also, if you are in the us most of these drugs right now, unless you have a prescription are [00:02:00] still scheduled drugs by the federal government. So not only are there potentially criminal legalities associated with this.

There's also legitimate medical concerns too. Everything from sourcing to what can happen to your thematic grid and everything else in between. So again, one of the goals I have of this podcast is to be educational, not necessarily to pass any judgment. I think people should have the right to do what they want with their own bodies.

But hopefully this will be educational for you and you can pick up some things along the way. And huge thanks to Aaron for being so open and honest about this discussion here. Podcast sponsors are element if you enjoy electrolytes like I do. These are by far the most tasty ones that are also high in sodium.

Most I'd say athletes probably don't get quite enough sodium. This is in star [00:03:00] contrast to the general population who's probably getting too much

sodium. But if you're eating mostly real food, I wish I would've gone to a little bit higher sodium in both those athletes and myself, especially if you're in warmer environments.

And then also Tecton. I am drinking a Tecton right now. I, if you're looking to get into a state of ketosis, you can by using exogenous ketones it takes about 15, 20 minutes or so and your ketone levels go up. The nice part about that is you don't necessarily have to do a ketogenic diet. Right now I'm using this in the evening for a little bit more cognitive help, and I don't really want to consume any more caffeine or any stimulants because it's going to wreck my sleep.

So check out Tecton. A full disclosure, I'm a scientific advisor and ambassador to them. You can use the link below. Put in the code, Dr. Mike. It'll save you some [00:04:00] money. Look for a big announcement from them coming very soon. They're working on some new flavors. I was able to test them, and they are really good, especially when you consider most exogenous ketone.

EERs taste really horrible, so check them out below. As soon as we have more information from them and everything is public knowledge, I will share it here. And also wanna let you know if you are interested in getting better at nutrition, especially on the recovery side. The Flex diet cert will open again for one week only starting June 15th, actually, June 16th, something like that, that Monday in June.

It's coming up very soon. And. We will have all the more information on that. The next time it'll open after that won't be until probably fall or maybe even later than that. So check that out. We'll have a link below. You can hop onto the newsletter. So I send out [00:05:00] daily newsletter with all the information.

We'll have all the information for the Flex Dieter there. Big thanks to Aaron. Make sure to check out all of his stuff below. And as always, this is for educational purposes only, and I'd be super curious on your thoughts on what you think of this. Again, my goal here is to be educational and to provide different viewpoints and perspectives.

Currently I don't use any hormone replacement or peptides. Maybe I will in the future. I don't know. I'm basically trying to wait as long as humanly possible. And as I think I mentioned in the podcast, I'm scared to death of needles. Even getting myself just to do a quarterly or twice a year, blood draw is a big event.

So, check out the podcast here with my buddy Aaron Straker thank you so much for listening.

[00:06:00]

Dr Mike T Nelson: Welcome back to the podcast, Aaron. How are you doing? I'm good. How are you? Good. We were just remarking before we started recording that you're still enjoying your time in nice, warm, and beautiful Bali for a while.

Aaron Straker: Yeah. Yeah. It's been coming up on like three years that, that we've been here. It's been, it. It's nice, right? It's a very nice environment, especially for the kind of online coaching fitness first healthy, eating first lifestyle that I live. It's one of the best places that I've found for that, which is very nice.

Dr Mike T Nelson: I think. Is it still true that there's a fair amount of, I guess for my lack of knowledge, fitnessy people who are not born in the country that kind of hang out there? Like I've heard there's lot of people from Australia and for, and it just seems like, I don't wanna say all fitness influencers, but I've known multiple people who spend six months a year in Bali and they all seem to be in the fitness industry.

Aaron Straker: Yeah. Like I said, there, there's a [00:07:00] reason that, that I'm here and it's. There's no shortage of gyms. There's ample gyms, a around the weather's generally pretty, pretty nice, even though we just coming off of like a very brutal rain season. There's healthy, high quality foods like lean protein, fresh fruits, fresh vegetables, like rice on every corner.

It is so easy. Oh, that sounds amazing. To eat really like healthy here. And now as more people similar to like myself are spending more time here now. You get like the create your own meal sort of thing. I want 150 grams of a grilled chicken breast. I want 200 grams of white rice.

I want this or this vegetable. Like it's very catered towards like your macros and meal plans and that sort of thing. And then you just meet a lot of people who are doing the same things that you like, you want to do. Like, don't get me wrong, you can still come here and like party and do all that stuff if you want.

Oh, I'm

Dr Mike T Nelson: sure.

Aaron Straker: There's a lot of like pro bodybuilders [00:08:00] coming and like doing a large portion of their like preps here and stuff like that because it's a very conducive environment to do so.

Dr Mike T Nelson: That's awesome. And I heard Jackson has a new gym opening very soon. I heard March, is that still correct?

Aaron Straker: Yep. March 22nd is when we should be open for our special access memberships. So, that's been hope. Hope. We were hoping it was a little bit earlier, but we are just, you just run into snags. Like you wouldn't imagine

Dr Mike T Nelson: Oh, I can only imagine

Aaron Straker: with like a project of this, of scale and like the big one right now is like we're waiting on the government to install a, an electric grid upgrade because the gym.

Requires too much of, like, too high of a power draw, then the local infrastructure supports. Oh, I got

Dr Mike T Nelson: it.

Aaron Straker: That's been like the big one. And we've been waiting for like almost two months to get that. Oh, wow. [00:09:00] So, so yeah, that's like, we're in the final like week or so before that should be in, and then we can really, get things moving along.

But yeah, that was like a big, just didn't know that was gonna happen, and that wasn't built into the schedule and then all of a sudden we're now, pushed two months back because we can't turn everything on all at once.

Dr Mike T Nelson: Yeah. We were in Mexico recently and stayed with some friends who are building their own place and know people down there doing construction and they were saying one of the big issues is just getting electrician, 'cause a lot of it is all cement construction and stuff too, so it's, different than the US And I said, well, how does that work?

Like you just. Find a guy and when you get an appointment, it's literally like he'll be there within these nine days. It's just like so different than anywhere else. That's just the way it goes,

Aaron Straker: yeah. It's been very similar to that which is in very many ways. Like when you're similar to us, like very type A trying to [00:10:00] get things done, it becomes very frustrating.

But at the same time, like we are in their culture, not the other way around. Oh, totally. A hundred percent respective of that. And it's like, tomorrow doesn't necessarily mean tomorrow. Like tomorrow could be tomorrow. Tomorrow could be like six days from now. And that's just the way it is, unfortunately.

Dr Mike T Nelson: Yeah. And it's not like they're trying to be mean or they're not trying to be not professional per se. It's just the way it goes. It's just like that's the deal. Yeah. Yeah. Cool. And then the topic of today we're talking about the difference in natural versus enhanced bodybuilding and what are some of the different effects.

And I don't know if it's just my Instagram feed lately, which God knows. It seems like every day is like a different day when you go on there. It appears to me, and again this could be incredibly biased because I am in the fitness industry and train people [00:11:00] within the last year, it seems like everyone and their brother is using some kind of drug or some kind of peptide or, I dunno, maybe it's just the perception that maybe people are more open.

Maybe it's the algorithm is just targeting me with all of this stuff. I don't know. I don't know. Maybe your perception is different since you're in a similar industry, but you're in a different location. I don't know, just what your general thoughts are about any, maybe change in the culture or, yeah, just general thoughts on that,

Aaron Straker: yeah. I definitely think it's been a change in the culture and I definitely think it's been, there's been a change in the accessibility of it. Now I think there's,

I, I agree, right, a hundred percent. I think people are using, p performance enhancing drugs, let's call them steroids for simple nomenclature purposes. More, more openly. But I also think there's with some of the peptides, in my opinion, right? And by no means is this like law or fact.

There's certain reasons that I just don't, I. [00:12:00] Feel there's a good argument against not using, for example, like if you have like a, like a chronic elbow tendonitis sort of thing and you, it bothers you and that sort of thing. Like I, apart from cost right, of course, but Sure. Running the BPC 157 with the TB 500.

At this point, it almost seems, I wouldn't say foolish or anything like that, but like it's hard to argue against its efficacy and if you've been doing, and especially if like it prevents you from training or God forbid, you're the person who's like using the NSAIDs. Daily just to use it. Sure.

Like that's, there's a means to an end on that. So I think it can be a bit of like a slippery slope and it becomes like that pita, have you ever seen that pita ad that has like all the different animals up on the billboard and it's like, where do you draw? I haven't, between food and food and pet, and it's like, I don't know, like, like a chicken on one end and it's like chicken, whatever.

Cow, horse, cat, dog. It's like, where do you draw the line? Right. And it is like that. It's a spectrum and you're

Anyone, would pick a, okay, this [00:13:00] is the line, but it's completely subjective and relatively Oh, totally ambiguous sort of thing. So I definitely think we are very much in the, like, murky waters there.

But from my standpoint, I think like if it's like a recovery. Healing thing. If you're, I dunno if you're just a general gym goer and you're like, Hey, I don't want my knees to hurt, like my knees hurt. I've been doing the mobility stuff. Like maybe it's a little bit of age related things.

Like I'm starting to get there a little bit. Like I can't do a like 10 hard sets on a leg day anymore of like knee bending. I can only really do about like five or they get like, really sore. But I know if I'm running the BPC 1 5 7, like that goes away and I can do my 10 hard sets again without issue.

So, so I think it's it is a little bit like ambiguous, but I do agree the openness of it is seemingly so much higher. Maybe people don't feel as much of a need to be secretive about it. And there's a, and from a cultural standpoint, it's okay to be more open and transparent [00:14:00] about it. But I definitely think more people.

Are using probably than ever before. And I definitely think that like social media guru, I didn't call 'em gurus, like content creators around it and stuff contribute to that very largely.

Dr Mike T Nelson: Yeah. And obviously this is, none of this is medical advice. This is really entertainment for God's sakes. Be educated, talk to your physician.

Also noteworthy, if you report illegal drugs, you're using your physician. They're not gonna turn you into the cops. So just for God's sakes, don't lie to your doc. I know a lot of people who are doctors and yeah, it's like, I've even worked with clients in the, it was many years ago, one guy in particular, and we finally got him to do his blood work and I'm looking at his blood work and I had another guy look at it and I'm like, holy shit.

Like you are on something and you definitely need to talk to your doctor. And he is like, oh, I don't wanna tell my doctor about it at [00:15:00] all. I'm like. Bro, your doctor's not gonna turn you into the cops for God's sakes. Please go get this looked at. So you kinda see that other end of the spectrum too.

Aaron Straker: You do, for sure.

Dr Mike T Nelson: Yeah. Yeah. And ethically too, it, everybody has their own internal line. Obviously you've got, if you're in a drug tested sport that you know different set of ethics there. You've got people who live like yourself in different countries that had different legality of it. You've got most people who are using, steroids are not competing.

They're not doing it in a sanctioned event where it is illegal, even if the federal government in the US says that it's illegal. And I think at the end of the day it's everyone's personal choice to decide what it is they wanna do and not do. My only two pet peeves are one, tell your physician what you're doing.

Two. The old supplement ads of X, your professional [00:16:00] bodybuilder doing the ad with creatine. Oh, look, I gained 10 pounds on creatine. I'm like, okay, bro. That's the only thing you're on, so my, my other pet peeve is for, I understand you don't want to out yourself for doing a crime, but for God's sakes, don't outright lie about everything either.

Aaron Straker: Yeah. It's, and and that's a part of the reason why I've done a couple podcasts like this now, and I just, I don't know. I've always I guess maybe not always, but as I, be got into adulthood and that sort of thing, and found my own way, I just have like a strong moral compass.

I get Instagram messages about like. Being a sponsored athlete and stuff, I'm just like, no, I don't, I'm not going to push this core quality. Yeah. What do have to do

Dr Mike T Nelson: for that sponsorship? What does this really involve? Yeah. And

Aaron Straker: It's so like slimy and especially now, like if you've been around for a while, like you can see it a mile away.

Yeah. Or you watch the people bounce from like company to company one company to the next company and just like dumping on their followers, like these lower [00:17:00] quality product. It's blatantly obvious and I, again, I'm not here to be the moral police, but I know I will police my own, representation in that and I want nothing to do with it.

Dr Mike T Nelson: Yeah. And so you started as a natural athlete for many years. Like for people. We'll link to your last podcast. Just give us some background on, how long you've been doing this, and I know from watching you and we've been able to hang out in person like I. You're legit doing this. Like this is a massive portion of your life.

You're not just someone who's like, yeah, I train once in a while like this. This is like the thing you do, which is awesome.

Aaron Straker: Yeah I was I started training at 16 for football. And then it quickly became pretty evident I was much better at lifting weights than I was at playing football. And it's really just been like a hobby for the entirety of my life.

We were talking about it on a recent podcast with Brian and there was one summer I think between my. Junior and senior year [00:18:00] in college that I didn't train. I was like, I'm just gonna like go for I was like living down, like near Baltimore and like, I didn't really know the area and I'm like, I'm just gonna go for like a run a couple times per week.

And I got to the end of that summer and I was like, you look like shit, dude. You need to go back to the gym. And I said, okay. So that was like, that's an

Dr Mike T Nelson: honest assessment.

Aaron Straker: Yeah. Yeah. I was like, I don't like how I look and it's time to go back to the gym. This running thing isn't just gonna cut it for maintaining what I want.

And yeah, I mean through different, phases of like power lifting, competed in CrossFit for a while and then found myself in just being like a, an a hobbyist bodybuilder, right. Just living the lifestyle one, it's great for business, right? I'm an, I'm a full-time owner coach primarily.

It helps that I practice what I preach. I test a lot of the things, on myself. I have a lot of my knowledge through lived experience, which is obviously very beneficial for practical dieting situations and stuff for clients. And honestly it just, it was never, I never found myself [00:19:00] in like circles where anyone that I I don't wanna say anyone that I.

Respected, but the only people I knew in my, like twenties and stuff that were like using PEDS were people that I thought made like really loose, sketchy decisions. And I was like, yeah, it's probably not. I like my, I'm just like, yeah, it's probably not the best choice for me, I never had like a large draw.

I was also fortunate throughout, I'd spent so many years training and I had really good, like mentors and stuff. Like, I'm very proud of the natural physique that I was able to build and stuff and carry for many years. And then a large portion of it was as I got into like my early and mid thirties with coaching, a lot of my client, the overwhelming majority of my clientele are still Americans.

And I would say like 15 to like 20% of my male roster would come to me on TRT. So, and as I'm sure like it is the. The [00:20:00] hormone replacement industry in the United States is like wildly varies in quality and

Speaker 2: Oh, it's insane regulation. It's insane now. Insane.

Aaron Straker: Yeah. So some of the clinics that my clients with were so bad that I had to like, learn a lot just to be able to like, help them because I would, yeah.

Like some of them, and I can think of one client specifically. He'll go like nine months without blood work in the, oh Jesus clinic never reaches out to, to follow up with blood work. And then there was one time I was like you have to go get blood work. Like you cannot just, yeah, you have to go.

And his hemoglobin was up in the eighteenth and I was like, you oh Jesus, you need to call your clinic. Like, I cannot Yeah. Stress this enough. Like you need to call your clinic. So it's, it does really vary. And I had to learn a lot, right. So I was learning a lot more and then that took me down, like different rabbit holes and stuff.

And I've always been someone where I like to formulate my own opinions, right? And that's with a variety of things. Like, I've lived in, numerous different states, east coast, west Coast, like [00:21:00] multiple different countries. Like

I, I like to formulate, experiences for myself. So I reached this point in like 2022, where I was like, I think I'm gonna go on like TRT, right?

I think I'm gonna like wade into those waters, see how I respond. The thing that I told myself most is that I was gonna get like a lot of this energy back, which for complete transparency did not happen whatsoever. So that was a ing a big letdown. Yeah. But I ha I created this like really long plan.

We were back in the state still as a big safety net. I like not donated sperm. How would you say it? I like got f sperm frozen as like a safety net in case something bad happened. Which is actually

Dr Mike T Nelson: a very wise thing to do because if you talk to most, in my opinion, better hormone replacement docs, they will tell you, or at least they've told me, like in clients I've consulted with, you may go on TRT, you may be able to get off.

You probably could. However, there is still a percentage of people who go on TRT, even just at a [00:22:00] TRT dose and can never go off for God knows whatever reason. So, and that could, obviously impair, fertility and everything else down the road too.

Aaron Straker: Yeah. So I just wanted to have like my kind of safety net, and I was like, I'm gonna, I'm going to explore these, potentially risky avenues, but I'm gonna make sure that I don't sabotage a family, with my fiance and that sort of thing.

So we did that and then I created this long-term plan with my coach. I said, Hey, I want to do like this year long, incredibly. Focused like physique effort, where I'm treating every single day. Like I'm a professional pretty much. I want to do like as, as I want to run a build as long as we need to get to a build until I like really start getting, too fat.

And then I want to die it down to like, my best physique ever. I'll be about 30, I'll be 35 years old like doing this and don't wanna see after 20 years of training as a natural, what I can do, what that looks like, what I can recover from, what I can handle. And then at the end of it, I wanna [00:23:00] go, I'm going on TRT.

Right? So I laid that out and we had this like 11, or sorry, 13, 13 month process for it. And it went like amazingly well, like we, we really treated it like, like it was a professional, like it was a job. And I was And do you mind

Dr Mike T Nelson: saying who your coach was for this?

Aaron Straker: Oh yeah. Jackson PIOs.

Yeah, Jackson was my coach.

Dr Mike T Nelson: Yeah. I wanted just so he gets some publicity too. Yeah.

Aaron Straker: And. It went wonderfully. I got up to about two 15 at maybe like 16, 17% body fat. I'm five foot 11. That's

Dr Mike T Nelson: still really good. I saw your pictures and I know that may be air quotes maybe on the fatter side for you, but I would say to most dudes, that's still pretty lean.

Aaron Straker: Oh, yes. Yeah. Yeah. And then I dieted for six months to get down to we ended at about 191 pounds, and I was very lean there. There's no like DEXA scan and everything here, but the last diet I did in Utah, I got two DEXA scans towards the end of it. And I had, they were, one was at an [00:24:00] 8.8, the other one was at an 8.1% body fat, and I was significantly leaner the second time around.

Dr Mike T Nelson: Oh, damn. Yeah, and it just, yeah, just a reference to people, like if you're a dude. You're on single digits on a legit DEXA scan despite what the internet and every gym bro will tell you. To me that's extremely lean. That's not like you're gonna step on stage lean, but to the most people walking around that is very lean.

Aaron Straker: Yeah. There's, unless you are getting on stage, there's not really any reason to be leaner.

Speaker 2: Yeah.

Aaron Straker: Yeah. So she did that and was pretty much like, and what I said was, I'm gonna die until I get a little bit miserable. I. And it wasn't until like the very final week where I was like, I don't really care to get any leaner.

Because what was really happening too is we were, we had like a recovery protocol, where we would like train, we'd go get in like the sauna or the hot bath. And anytime I came out of the sauna or the hot bath, it was like, I was like too lean. It was like [00:25:00] creepy. And I was like, yeah, I don't really care to be this lean anymore.

Like the veins were like all coming up through like my chest and everything like that. When you're like super, super lean and then you get Yeah. In like the hot water in, in, in how and how it changes, like the appearance a little bit. I'm like, yeah, I think I'm, I think I'm done here. It's be fun to become

Dr Mike T Nelson: very temperature changes become a lot harder.

Does that make sense? Both cold or, its not harder to say because you're in a warm environment all the time.

Aaron Straker: It wasn't, I would like, the gym that we were training at tended to run, its ac like a little bit cooler and I would be like, freezing training, like my susceptibility to cold, like really was really sensitive.

Yeah. That's what I

Dr Mike T Nelson: find at competitors and people get really lean. It's, yeah, like they're just walking around miserable all day and like four layers of closed in Minnesota.

Aaron Straker: Yeah. Yeah. I, yeah, I was very easily cold in like an AC environment sort of thing.

Dr Mike T Nelson: Well, but continue on. I interrupted you.

Aaron Straker: Yeah. Yep. No worries. So [00:26:00] then at the end of that, we put, I started my, TRT and originally the plane was just like TRT, I didn't really have any desires of competing or anything like that. So I started 150 milligrams per week, which is a legitimate what would be prescribable TRT dose.

I have nonu numerous clients at that and much higher than that as well. And I assume

Dr Mike T Nelson: that's just testosterone, right? By Yeah, just testosterone.

Aaron Straker: Yep. Yep. Testosterone injection. And I ran that for three months. And then what had happened, and I wasn't really anticipating this, is I got miserable because I hadn't set goals after that.

That was like it. And then I found myself feeling and like I was going from like training super intensely and having these recovery protocols and doing cardio

on my rest days and stuff to feeling just like, why am I pushing, why am I in the sauna for 15 minutes, for 20 minutes right now?

Like. Fighting the urge to get out. Like, what, where, what's the purpose of this now? And why am I [00:27:00] doing my, my, my cardio the next day? And I just didn't have any more goals. Like I never thought past the start t rt. Like I accomplished this big goal, my physique, I was super, super proud of it. And then on the back end of that, I just felt like really empty, and my fiance and I, we took a little trip up to the mountains for my birthday in, in early March, and we were just like sitting there thinking, and Jackson had made a comment one time, he said, I think you, you would do well in competing. And he's like, I'm not gonna pester you about it. I'm gonna bring it up once.

I think he would do well and I would suggest, at least giving it a shot. And

Dr Mike T Nelson: my impression is that seems like something he would say in a non pushy way, but he would,

Speaker 2: yeah,

Dr Mike T Nelson: my impression is he would feel almost not really guilty, but like, he's not doing his service as a coach if he didn't at least mention it to you.

Aaron Straker: Yeah. Yeah. And he, he put it, he, it was a very do pushy, he said, I'm not gonna bring it up again. Yeah. This is what I think. And when I was younger, like when I first got into training and stuff, I had all the like, [00:28:00] muscle magazines and everything like that. And I remember thinking like, ah, it's gonna be so sick, like when I'm grown and I look like that and stuff.

And I was thinking, and I, and what I ultimately concluded is I think I would regret it when I was, like in my fifties and stuff, if I never at least competed once. Because I had spent, my entire adult life in late teens, like very adjacent to the bodybuilding world, but never actually in it.

And I thought that I would regret it, so that's when I said, okay, I'll do one season. Right. And I really only have for reference, I just turned 37, fingers crossed, start a family next year. Like, I don't have much time left and I don't wanna be doing it when I have like, young kids and all that stuff.

I wanna be just I just don't wanna be chasing my own like selfish sport goals and that sort of thing at that phase in my life. So I was like I have to do it now where it's probably not gonna happen.

Dr Mike T Nelson: Yeah. Because it is very all encompassing and if you have the opportunity to do it now where you have, a little air quotes, less responsibility, that's a more appropriate time than when you have a bunch of [00:29:00] responsibility and you're trying to balance a bunch of things at the same time.

Aaron Straker: Yep. So, so talked to my fiance and I said, okay, my, this is what I'm gonna do. I'm gonna give it about 18 months. So I am around month like 13. There was a little bit of a setback. I had a hernia last year, which put a wrench through a wrench in some things for a few months.

But other than that, things have been. Mostly pretty good. Pretty, okay.

Dr Mike T Nelson: And you mentioned when you started TRT that your perception is you would feel better energy wise, but you didn't notice that. And as a side note, I've heard that from a few guys I've had as clients, usually after, I think there's sometimes this perception, at least on the male side, that, oh, you have low libido, you have low energy, you're not adding enough muscle.

Like just go on TT and it'll solve all of your issues. And I can list off clients where it made a massive difference for 'em. And I can also list off clients where they're like, [00:30:00] I don't know, and they've had blood work. We can show they're at like much higher levels and you could argue maybe there's something more complex going on there.

But I also think that it's not as much of a panacea a lot of times as what it's made out to be. But I don't wanna say there's no effect either.

Aaron Straker: Yeah I think I was, and I think it's very much so when you don't have. Experience with something, it's very easy to formulate like opinions, but they're, I don't wanna say they're baseless, but they're not,

Dr Mike T Nelson: it's an opinion.

It's not based on experience. It's an opinion. Right. Yeah.

Aaron Straker: Like, like, yeah. And I definitely thought it was gonna be like a panacea. And in many ways it, it was right. Like my, the, i my was, I started growing outrageously, just really, that was my next

Dr Mike T Nelson: question actually. Oh,

Aaron Straker: yeah. I ran only 150 milligrams from January 16th until April 1st.

And I started at [00:31:00] 191 pounds by April 1st, I was over two 15 and still two

Dr Mike T Nelson: 15.

Aaron Straker: Very lean. Yeah. Fortunately I had a very intelligent coach in Jackson and he knew what happened. So when we started, he ramped my food up very quickly. Yeah. And I was like, each, and I have it all documented in my like, check-in sheet and I can send you I could share this with you, but each week I was up like three and a half pounds and just not getting fatter.

Don't get me wrong. Yeah. I probably went from like that six and a half to like 7% body fat to like a nine, nine or 10. No, I

Dr Mike T Nelson: was still nothing.

Aaron Straker: But, so, so yeah, I like, I wasn't like creepy shredded anymore, but yeah, for all intents and purposes, as shredded as you would really care to be unless you're on stage.

Dr Mike T Nelson: Yeah. How did training feel? Did it feel different? Obviously I would imagine he is, matching volume and training at the same time then, or was it more on the nutrition side?

Aaron Straker: It was the nutrition side of [00:32:00] things. So like the food really ramped up. One of the things that I immediately noticed is you can contract the muscle so much harder.

And with that comes like really painful pumps, which I was not prepared for. Like I remember. Do you think that's

Dr Mike T Nelson: also higher blood volumes too? Most likely?

Aaron Straker: I think so. Yeah. Yeah. But I remember like, maybe it was like week seven or eight-ish and we were doing like leg extensions and the pain after getting off the leg extension was like immense.

And I was, this wasn't like any I was like previous, I was always training my leg extensions to failure and stuff and it just hurts so much worse now. And I think

it was because of that, like the increased blood volume, but then like, how. I could just feel that I could contract them harder and because it was still like, new enough in my mind, it was like six weeks ago.

I was natural, and I had, yeah, 20 year training history. Like, things are different now. I could feel it. So that was, it was [00:33:00] definitely a, like, it was a gift and a curse because like, sometimes like the pumps would be too big, there'd be times. Especially like quads and forearms, where like, it hurts so badly.

Like the pump into my wrist and stuff that I like would have to like, take like extra minutes, rest periods because it hurt so badly to like, hold onto things. So those were two of the like initial things. The one that I wasn't prepared for, that everyone says like, oh, when you're on testosterone, your recovery capacity is so much higher, you can just recover from more volume.

I found the opposite to be true.

Dr Mike T Nelson: Interesting.

Aaron Straker: Because you're stronger, right? And you're exposing your body to stimulus is on a higher to higher loads. Yeah. You can't do I can't do three sets to failure on the leg press anymore because, like the CNS load, because there's more load on the leg press.

Right. And I don't know how it works, but like for example, let's say, at the end of my diet when I'm natural, I'm doing like four [00:34:00] plates per side for like three hard sets of 10 to failure. Now it's like six plates per side. So you've increased load by approximately 50% in whatever you call it, three, three months or something like that.

I I don't think your, like CNS adapts as quickly there and it would just, it would wreck me. I would, and I had to toe this line. Whereas if I pushed myself too hard on like the leg press or a pendulum squat or something like that, I would get sick and I have to like sit down and I would get like really dizzy and stuff like that.

So I had to, there was like this line where if I pushed my training too hard, training stopped because I was getting nauseous and dizzy and just had that like feeling of impending doom. So that was another one too, where I was like, I I wouldn't say I'm recovering more. I have to be, I have to reserve certain things a little bit because I'll literally get sick if I push myself too hard and I never had that problem before.

Dr Mike T Nelson: Do you think that's an acute increase in blood pressure that's triggering that? [00:35:00]

Aaron Straker: Potentially. But my, I don't know. I'm curious. I honestly don't know, but I was again, and let me back up. I was very scared starting the peds, so I was like, I'm gonna make sure I have all my ducks in a row. I got blood work done.

The night before I started. Right. And I was, I got blood work done at like six weeks. I started taking my blood pressure, I got a, a cuff. I was taking it every day. Nice. My blood pressure hasn't changed. Oh. Oh, very interesting. So, I can't say definitively if it doesn't change it higher during training.

Right. 'cause of the higher loads or something like that. But in the morning, but baseline,

Dr Mike T Nelson: it hasn't gone up

Aaron Straker: my baseline. It's been seen.

Dr Mike T Nelson: Yeah. Do you think there's some direct CNS effect? I've heard this from other people. I haven't done an ET or t I'm actually incredibly afraid of needles. So at some point, maybe I'll get over that.

But at the other point, I don't really have any need to, but. I think people should be able to be free to do whatever they do. I've done weird stuff and had circles burned in my arm and frog poison and combo stuck in it [00:36:00] and done five glasses of Ayahuasca and Costa Rica and other shit, which I would not recommend anybody do.

But everyone has their own line of, what they want, explore and what they don't wanna explore. And it's up to them. But I've heard from other people, and there's, I'd say vague literature on this. I haven't looked at it for a couple years that maybe not so much with testosterone, but maybe with other peds that there is some effect on the nervous system.

And I've heard this even from people just going on TRT, that pressure response aside, pumps aside more people than not just report that as weird as it sounds like you were saying, muscle contraction feels easier. It feels like they can feel the muscle working better, like they have a better mind muscle connection.

And I've just heard multiple people report that over the years, which I find very fascinating.

Aaron Straker: Yeah, it's like.

When you're like young, right? And you're getting into lifting it and you want to like learn how to pose certain muscles, like you wanna learn how to like flare your lats or [00:37:00] something like that. And you're trying, but like, you don't have the experience. Maybe there's not enough muscle there to like actually flare and you can't do it.

And like one day, like some random Tuesday afternoon, like you just like, yeah, look at this. I've been lifting for like three months or something like that. It's very much like that. It's, there's like some connection there that was not there before and you're like, I can pull, I, I can feel that muscle working now harder.

And I wish I had a better explanation for it, but it, to me it felt very much like that first time, like, why can't I do this with my lat? And then like, yeah, some random Tuesday you're like, holy shit, it happened. And like that skill is just there now. And same thing, like you can just, you can feel the muscle doing more of what you want it to do.

Dr Mike T Nelson: Yeah. The only other thing I thought of, and again, I haven't seen any data on this either, is that if blood volumes and hematocrit are a little bit higher, you have a better pump and you have more pressure, does that pressure then trigger more [00:38:00] basically like mechano receptor activation, so your brain is better at mapping, where those muscles are and maybe it's just more of a peripheral nervous system effect more from a pressure mechanics than any direct CNS effect.

Again, I'm just completely spitballing and pulling stuff outta my ass. So,

Aaron Straker: yeah, I, again, like I, I have no idea and I don't think anyone really knows, but that, those both seem like very plausible theories to me.

Dr Mike T Nelson: Yeah. And then for reference, like what were your kind of macros at the highest point?

Because I saw some of the ones you had posted, which I think people will find interesting.

Aaron Straker: The highest point of my build or.

Dr Mike T Nelson: No, just like in this first phase where you're around, like, I think you said it was January through April. Like what did you kinda build up to in terms of like just a rough approximation?

Aaron Straker: Yeah. I have it up right here. I can tell you precisely. I know you have

Dr Mike T Nelson: all the records. So,

Aaron Straker: yeah I honestly don't know. And like, I think that's what makes me a pretty [00:39:00] good. I hate to really call myself an athlete, but I just turned my brain off. Like I have someone, like when I trust Jackson, and I don't, he's like, we're doing this and I say, okay, cool.

And I do it. Yeah. I don't,

Dr Mike T Nelson: you're very coachable.

Aaron Straker: Yeah, that's a good way to put it. So at the end of March calories were 3,700 to 3,800. Protein was at about two 50 carbs, 5 75, and fats were right about 50.

Dr Mike T Nelson: Interesting. So you still kept fats really low at that high of a caloric intake.

Aaron Straker: Yeah. And I think, if I'm speculating here. Aside from, so one thing is I run high or like lipids genetically. So typically run a little bit lower saturated fat diet in general, just to do what I can from a dietary perspective there. Training volumes we're high and I'm not like a, I'm just not a foodie person,

Dr Mike T Nelson: yeah. The food is fuel ki kind of dude. Yeah. I

Aaron Straker: think my job has really skewed some of my perspectives on, on, on food and stuff and I made this deal with myself when I, [00:40:00] 'cause I was 30 when I changed careers into coaching and I was like,

I knew I would have to take it very seriously, to really make it the way that I wanted to when, 'cause at a time.

A lot of the friends and stuff that I knew that were like personal trainers, were now like trying to get into like more stable roles, quote unquote stable roles and

that sort of thing. And I'm going the other way. I'm a senior software engineer and I'm like, I don't wanna do this anymore. I'm gonna go do this online coaching thing.

So I said like, I will sacrifice like my own desires for the food flexibility and different things. Like I'm going to, this is part of my job now and I'm gonna treat it as such. And I think, after just six years of doing that, you kinda like lose some of the connections to things.

Of whether it truly is, I can't say if I truly don't care, to eat the higher fat foods or that sort of thing. Or if I've just told myself that so many times that for all intents and purposes, I no longer care. But regardless, like I'm just not a foodie person. And like if you were to say, Aaron, tomorrow you can never have whatever, like something that people really like, [00:41:00] like chocolate cake or cookie anymore.

I'd be like. Don't care. Easy done. But yeah, fats fat stayed low and I think that's just so that we could push carbohydrate so much higher. And yeah. Now that, obviously my sex hormones are being exogenously replaced, just the need for the sterile isn't as high.

Dr Mike T Nelson: Yeah. And so you're at the point where were you having like, the steering competition with bowls of white rice?

Because you have what, 575 grams, right?

Aaron Straker: Yeah. At that point, no. It, it was still, I ate rice in various forms, like white rice cream of rice and then like rice, like the rice puffs cereal or you call it the rice bubbles cereal or rice crisps. So that, in, pre post-workout intra-workout where each like, well over half my days' carbohydrate was eaten and that Oh,

Dr Mike T Nelson: nice.

Aaron Straker: Four hour period.

Dr Mike T Nelson: So it makes a palatable. I had a friend, I think it was Ally who was telling me that. I think for some of her male clients, she said to take and put WHE protein with, I think it was Rice [00:42:00] Krispies in a blender and then blend it and then pour that over your Rice Krispies.

Aaron Straker: Yeah. Right now I'm in my final, like four weeks of my build before I start prep, and I'm real, my appetite's gone.

I'm so sick of eating. Like each day I'm like, this is your job, Aaron. Like, you have to eat this, but like, I haven't been hungry in weeks.

Dr Mike T Nelson: Yeah. Yeah. And that's a whole for people who are always on the end of losing weight, they're like, oh my God, that'd be so amazing to eat all these calories.

And to anyone who's done it, like the highest I've ever gotten on purpose was 47. It was 4,500 for, I think I only made it like nine weeks. And that's of like whole food. That's not like I'm trying to, snort Skittles and put Rice Krispies in the blender. I haven't, I didn't quite get to that state.

I'm trying to eat, mostly Whole Foods, but, white rice and you're trying to make it somewhat palatable. And honestly, I just quit because I'm like I'm just honestly not that [00:43:00] motivated. Like I didn't, I think I reached the point where I wasn't really seeing more benefits to it, and I was just running out of time.

And it does get really old where you're just having a steering competition with your food going, oh shit.

Aaron Straker: You're right that, that is spot on. And I'm drinking like over a liter and a half of orange juice every day too.

Speaker 2: Yeah.

Aaron Straker: And that's on top of my intra-workout drink of carbs, which is like 60 grams of carbs also.

And yeah, it's what I the one thing I will say with this like, journey into peds is like you. It's individual mileage varies so much. And I'm at a point now where like I'm too lean to really start a prep, but my body is just fighting this last bit of weight gain. I feel like it's just dumping off and like heat and stuff.

I'm sweaty all of the time and like I get to the gym, and I get like, I'm just like warming up a little bit and it's already like pooling off of [00:44:00] my face and like my breath rate's not up, but like my body's really just fighting it. And yeah, and it's been like, it's been interesting because I haven't had that in the past.

Right. And obviously we know the marketed, caloric partitioning benefits with the exogenous testosterone. Oh, totally. And peds, like, it's undeniable. But it has been hard to actually believe if I did an experience it myself. Especially after coming off of like previous builds, like the foods I'm eating, the same clean foods that I always have, prior when I was natural, like you're just, you're putting on probably more equal but amounts of body fat as lean tissue, if not more amounts of body fat.

Speaker 2: Oh yeah.

Aaron Straker: Even doing everything, right. Still doing your cardio, sleeping and stuff. And now it is a night and day difference.

Dr Mike T Nelson: Yeah. I mean I'm, I don't do a lot of bodybuilding per se, but if I'm trying to, based on DEXAs and stuff I've had in the past, if I'm really trying to gain [00:45:00] mass, I'm trying to gain muscle and be functional and I'm still doing my cardio and all that stuff, if I could gain 40% muscle in 60% fat, I'm pretty excited about that.

Which sounds like a horrible ratio. But if you. Extrapolate it out like it is much faster to lose the fat, than it is to gain the muscle. So I think what you said is spot on where I know the people who have gone on peds, and that was like the two biggest things they said was the amount of volume they can do or the intensity that they can do much higher weight gain definitely went up.

And the biggest thing they said was the partitioning effect of how much of that weight was lean tissue versus fat was substantially different. And these are people who, had maybe, I don't know if they maxed out their genetic gains, but they had been training for multiple decades at that point before, they went on.

Aaron Straker: Yeah, it was the exact same experience myself.

Dr Mike T Nelson: And so at some point, did you go beyond the 150 testosterone or did you stay on a [00:46:00] TRT? Did you go to. I know the US phrase and everyone's like, oh bro, I'm on t rt plus, I'm like, TRT plus, like, what the hell's that? And I see some of their blood work and I'm like, holy shit.

Aaron Straker: Yeah. I'm on considerably more now. And that started in April of last year when I decided I would compete. So I had basically like April and May at the higher higher amounts of testosterone. A secondary compound plus some growth hormone for which has been, in my honest opinion, probably my favorite because of what it's done for sleep.

I am just a quick side note. Yeah. I'm just not a, I'm just not a great sleeper. I never have been, for as long as I can remember until like my early adult life just not a great sleeper and overnight just introducing a very small two units per night of growth hormone. I was like, what I call time traveling is like when you go to bed and then you wake up and it's morning time, which I can remember happening like once or twice in my adult life.

And I'm like, I'm time traveling like four outta seven nights per week. This is [00:47:00] insane. That was like a game changer for me. And it was because of my, I was just sleeping so good which was quite nice actually. So that I'm losing my train of thought here where I was going with this. And then I had the hernia, and then I got the operation like right away.

So that really put me down for June, July and like August. And then it wasn't till like mid-September that I was able to like, get back to training in like a meaningful capacity. I lost a bunch of weight obviously when I recovering from the hernia and then was, back by like the end of September, I was like back to, the dosages and stuff that I had been before.

And then September through now has been my build or finishing my build.

Dr Mike T Nelson: Yeah, I would, maybe this study exists. I can't seem to find it, but I would love to see a study that compared the same amount of like legit growth hormone, but it would be only given in like two IUs in the [00:48:00] morning or two IUs at night.

Then I would love to see some way of measuring sleep quality between the two. And then look at chronically over time what are body comp changes. My hypothesis, which again isn't not based on anything, it's just anecdotal reports. Like, like you've had, and other people have reported that the GH would technically be the same amount.

So whatever body recomp effect from the pure amount of the drug would be the same. But my hypothesis is that it would improve sleep radically. I still think there would be a big difference in body comp just between the two groups, just because of the higher quality sleep.

Aaron Straker: Yeah I cannot downplay the significance in the quality of sleep it has provided for me.

Like a it's been a complete game changer. Like I would almost. Like, I wouldn't want to go to sleep at night some, a lot of times because I know, I'm like, I'm

gonna be like tossing and turning. And I've been through like the gamut of the sleep [00:49:00] supplements and stuff like that over the years. And it would just, like, my mind would be going, and that, and then using like a higher dose of magnesium in the evening has also been like the other thing that's really helped me.

Dr Mike T Nelson: Do you use any type of magnesium? What kind of dosage do you typically use?

Aaron Straker: I usually just do like a glycinate, here we're limited in like what we can really get access to, especially in like a timely manner.

Sure. So I'm using like a now foods, like magnesium glycinate. And after hearing, I wanna say it was Curt Havens, but I'm not a hundred percent talk about dosing it at higher doses, like eight to 10 milligrams per kilogram. Which is like, I was, at the time I'm like, right about a hundred kilograms.

I'm like, okay, that's, really straightforward. Once I once, 'cause before I would take it like the four to 500 milligram, right? Which is like pretty much, you know what the general consensus would be for like a higher intake. I'm like, whoa. He's saying like, almost effectively double that.

Dr Mike T Nelson: Double that. Yeah.

Aaron Straker: Yeah. Let me try that. And it definitely did help. It helped just like [00:50:00] the calming of the mind for me. I'm kinda that person, like I'll lay in bed and just like, my mind is just thinking about all these stupid things that are not helpful for us right now. And it really just like would like suppress that and I would be able to just like not think about things and just be like ready to go to sleep.

Dr Mike T Nelson: Yeah. James Val has talked a lot about that. I had him on the podcast recently and he was, when you ever have one of those like big nutrition tips you heard years ago and you did it for a while and it worked really well and then you just stopped doing it and forgot to like do it with clients and I still had clients using magnesium and stuff and I was like, ah yeah, whatever.

I would look at their dietary log from magnesium and. I was talking to him again and he was saying that he starts at, I think 500 milligrams of elemental magnesium. It's kinda where he would start at, or at least for athletes. And I went and looked back at like what I was doing with some other people and I'm like, oh, that's where he's starting now.

We could probably go above that. And I look at my notes, I'm like, oh yeah, I did this like 12 years ago when I heard him on a read with something in [00:51:00] his books and somehow I just stopped doing it.

Speaker 6: Yeah.

Dr Mike T Nelson: I've noticed it makes a big difference for most people. Not everyone, but I'd say most people, it's definitely worth trying.

Aaron Straker: Yeah. The one little thing I'll add there is, like you said, elemental magnesium, so, so yes, that's not 500 I, if I remember correctly, magnesium glycinate is typically about 10% magnesium.

Dr Mike T Nelson: Yeah. 10 to 12 ish, somewhere around there. But 10%, I tell people, just assume 10% is a good back of the envelope calculation.

Aaron Straker: So if you're using magnesium glycinate and you want to get to 500 milligrams elemental magnesium, you need about, what's that? Five grams? Am I making that right? Yep. Yeah. Yep. Five grams. Yep. So it's a very easy thing to be like, okay, I'm taking 500 milligrams. I don't notice any different.

Like, no, you're taking 50. Yeah. So, yeah.

Dr Mike T Nelson: Yeah. Then you mentioned the recovery protocol you were doing. Do you mind sharing that? It sounds like it was some sauna work, and was this after most training sessions, or what was the [00:52:00] rationale behind it?

Aaron Straker: So after after training, we would eat post-workout immediately and then go sit in the sauna for like 20 minutes.

And that was just for recovery aspects and a little bit of like downtime, that sort of thing too. Obviously the, you get this, the slight cardiovascular benefit health and benefit and that sort of thing too. So it's definitely a little bit of like, Hey, we're doing some of these activities that are probably not the greatest for our health.

As in the peds we should probably put a higher emphasis on other, ancillary or peripheral things that can be positive to our health, such as like repeated and frequent sauna use. And then on the non lifting days, we'd have cardio in the mornings some like mobility work and stuff.

And then we would typically do the hot bath or hot tub on the non lifting days.

Dr Mike T Nelson: Oh, interesting. And do you do any breath work in the sauna or is it just chill out downregulate after lifting?

Aaron Straker: Yeah, chill out, down regulate. But we would push it [00:53:00] to where we use like a progressive overload approach with it.

Yeah. Where we started at like 15 minutes and the sauna is here. They're typically pretty hot. About like 85 degrees Celsius. Sometimes it would get up to like 90. So it's, I think that's about like 1, 1 90 ish in, in yeah. Yeah. In Fahrenheit. So it would, like, at first like 15 minutes was hard.

I would get to like 10 and my body would start giving me that like, it's time to get out, yeah. Signal. And then fighting that. And then every, like, every other week we would add another minute. And to the point I got up to like 24 minutes was like my longest. And they were, those were miserable.

So yeah, it definitely, it felt like you were doing cardio at the end of that. Yeah, so that's what we were doing there.

Dr Mike T Nelson: Yeah I haven't played around with sauna too much. Here I have, obviously I have a lot of it in the fiz flexer, but yeah, it's, to me, I'm always fascinated about how you [00:54:00] can get some cardiovascular adaptation from it just because of your heart's working.

There's a fair amount of preload you get a fair amount of volumizing of blood, which happens in one to two weeks. And yeah I just think there's something about training those hormetic stressors or the things that your body wants to hold constant, like temperature, PH breathing fuels, like the bigger human dynamic range you can have on both sides of those.

I think we're gonna figure out, and then obviously there's a lot of good finish data on sauna and other things that. Yeah. Doing those things that right about where you feel uncomfortable, just like training and just like eating, it's probably gonna have a fair amount of benefits.

We just don't have nearly as much data yet.

Aaron Straker: Yeah. And I would say the I don't know, I'm not up to date on the latest research with like the infrared sauna and stuff like that. I've used them,

but it's obviously the weird, the perceived and it's just not, it's, I don't [00:55:00] wanna say it's not challenging because it can if you stay in there long enough.

But it's a stark contrast. You don't get the, at least in my experience, it feels very different. Yeah, you don't get to, like, your body's not giving you the like, get out right now. Get out right now please. Like signals where, like in the sauna, like I have to, like, I have to like take my mind away.

I'm like counting the drips that come off my head or something like that as the clock's going because my body's like screaming. Like, get out. Please get out please. Right now. And it feels like you're doing cardio, right? You have that like you can feel your pulse rate like in your throat and stuff like that. And it's like, oh yeah, that's why, that's how you get the cardiovascular benefit because it induces pretty much the same response physiologically that you get when you're like running or sprinting on the bike or something like that, but you're just sitting there, which is a little bit trippy.

Dr Mike T Nelson: Yeah. And mechanistically, there's potentially, in terms of endurance and cardiac aerobic adaptations, there's some different molecular signals that may be triggered by sauna that don't quite show up in aerobic training. [00:56:00] And I've tried to find, again, this study that I can't find about. Doing aerobic training, getting to a pretty high level, and then adding sauna in an intelligent fashion to see is it an additive effect?

My gut feeling is it is, but I can't find that study. There's a couple other studies that have hinted at a little bit, but they've been very short and very acute on it also. Interesting. Very cool. Anything else you wanted to add or anything takeaways that kind of the before and after that were surprising or things you didn't think would happen?

Aaron Straker: Yeah, I, there are some that I, 'cause I, I think I, I've painted it mostly in a positive light, but there has been a fair, a bit of negative. And the biggest thing I will say is the individual response is. Gigantic. And unfortunately, you don't know what you're gonna get until you get, you have no idea.

I don't wanna say until you get your feet in the water, but Yeah. Yeah. Unless you get your feet in the water. I am [00:57:00] very fortunate in the regard that hemoglobin doesn't budge. Hematocrit doesn't budge really.

Dr Mike T Nelson: Interesting.

Aaron Straker: My lipid profile improved, I think because of that improved caloric partitioning effect.

Yeah, sure.

Dr Mike T Nelson: Huh.

Aaron Straker: I am someone who I would, I just run like genetically higher lipids, right? Nothing like crazy, but I like one, like, like LDL I'll see like 120, 125 sometimes I've found it's very sensitive to my diet too. If I have like a higher fat meal or higher fat day in the days leading up to it, I might pull like a one 40 or something like that.

But then other times it would be like a 101. But, and I have like over this, over like six years of since I started getting my labs done. I also genetically will run like a high hba1c in fasting glucose, but my fasting insulin will oftentimes not even register on the bottom end. So my body definitely has some, like quirks to things at once or the reasons it keeps [00:58:00] things in place is I notice my fasting glucose in hba1c kind of had been going down up until like most recent where food's like stupid high and I'm, yeah, drinking liters of orange juice and stuff per day.

So those were some of the things. But then I've also, like, I've had clients, young in shape running only like 300 milligrams of testosterone. His, he, it's another guy than the one I mentioned earlier, but his, again, hemoglobin in the eighteens. And I was like,

Dr Mike T Nelson: yeah, this is

Aaron Straker: a problem. Yeah, this is a problem for you,

Dr Mike T Nelson: for God's sakes.

Call your doctor now.

Aaron Straker: Yeah. So in that one was like really surprising, for me. So for, I'm very fortunate from a genetic response, like my blood pressure doesn't change. It wasn't until I added Boldon, which is like pretty notorious for being bad for blood pressure that it start to come up like slightly.

But I'm talking like a 124 over like a 65 sort of thing. Oh

Dr Mike T Nelson: yeah. That's not,

Aaron Straker: yeah. Yeah. [00:59:00] And, but before it would be at like a one 14 or a 1 0 9 over a 58. And that's with no, like ARBs or no ancillaries or anything like that. Just like staying hydrated, doing my cardio, that sort of thing.

Like again, I'm fortunate in that response. But the individual vary, like individual miles vary largely the other kind of, definitely negative as males, right? We go through puberty where our hormones are like shifting and that sort of thing. And you might you might like I personally had around like 16, 17, I had a period where I'm very like typically very docile, mild mannered.

I had probably like a five, six month period where I would just, like, something would just easily, things would just like set me off and I would be like a hothead, ready to fight people and stuff like that. But only a very small portion of my, like adolescents as my hormones were, and now 20 years, I've been, testosterone's typically around here.

Estrogen's, like typically around here, and you just ride off into the sunset. When you start playing with your [01:00:00] hormones, you start seeing how you respond to things where like estrogen's higher or lower and those sorts of things. And you have to you, you start to. You may, I don't wanna speak in absolutes.

I would find myself like, why am I feeling like this? Why do I feel like I'm a failure and I'm hopeless and I don't care if my business fails? Or why do I feel like this? And you don't really understand it. You're like, oh, my estrogen is sky high. Like, you bring that down and like all of a sudden you feel normal.

Like your ambition is back. You do care if your business like fails or not. And that has been like you have to learn things about yourself and there's more to manage. And you, like, I literally, last week I had a client who was telling me, he's like, depressed and like, the guy's got like a great life, great physique, a lot of these things I'm having like, all these like depressive symptoms.

And I was like, okay. Like I'm making note of that. And then we also, he's he's using in Clomophine.

Through [01:01:00] a different provider, but he was due for blood work. I'm like, okay, send me your blood work. And his estrogen came back and it was like, again, sky high. And I was like,

Speaker 2: you're not

Aaron Straker: depressed.

Your estrogen is too high. Like,

Speaker 2: yeah

Aaron Straker: get the estrogen under control and I, and all but guarantee you will feel a lot better. And so, so there's just more to learn unfortunately. And you have to learn things about yourself and you have to identify like triggers if something's too high, if something's too low.

And that's been something new. 'cause like I said, for 20 years, I. I've just wridden like this, I know how I responded. Certain situations, I don't get angry, I don't get sad. My emotions are like very middle of the road, and now I'm experiencing more of like the highs and lows and I don't like it if I'm really honest.

I feel like it was a superpower, like if we talk emotions are like a one through a 10. Like my sad is four and my elated is six. So like I just oscillate right in the middle and now I'm experiencing like an iris. They're always the same.

[01:02:00] Yeah. So now it's, there's been a little bit more and I'm like, I don't love that aspect of it.

But that would be one of the other ones that I noticed for sure.

Dr Mike T Nelson: Yeah, and I feel like the side effects are definitely an unknown and I've seen people on self-reported small doses with crazy labs. I've seen people on self-reported what I think is absolutely bad shit out of their mind. Oh my God, this is gonna be HDL in the single digits.

And looking at their blood work going, how the hell does this look semi-normal? Like there's some things that change a little bit, but it wasn't the train wreck I expected. And I feel like you mentioned on the mental side that's a completely not really talked about a lot and extremely uncharted.

And again, you've got a high amount of variability, but it's hard to figure out exactly what's causing what. Like we just don't have as much data. Like we know what an HDL should [01:03:00] be, we know what an LDL should be, we know what your a SD, like, we've got pretty good markers of these basic things.

But I feel like when you get into the mental side or the emotional side or even just warning people like these things may happen.

I think that's just a really underappreciated, under researched area entirely.

Aaron Straker: Yeah. And it's. There's a gamut of things like I, I'm, again, like I said, I was scared getting into it, and I would still say I have a healthy amount of fear. So there's like certain compounds that are known to like impact mental state, like the 19 north, I'm just not touching.

Yeah. I'm like, got it. I don't, yeah, I don't think like tran or a Deca NPP, I'm like, I, you're probably just not gonna touch them because the likelihood of having things go wrong is higher. So far things have been relatively benign for me. I'm pretty happy with most things, so I just don't feel the, I don't feel the strong need to experiment in like all the crevices of the PED world.

I'm like, [01:04:00] what are the tried and true? What are the safe ones that, most people agree on who I will operate in those as pathways as needed.

Dr Mike T Nelson: Yeah. And I think sometimes you deal with and just a huge amount of added risk, whether it's on the psychology side, whether, even if your goal is bodybuilding, yes, you want to be stronger, but at some point you probably don't want a compound that power lifters would use to add a lot of strength because especially if you're not using growth hormone on things like that, like you just run the risk of blowing your shit up faster and then you're injured.

Yeah. And then you're going backwards and yeah. Awesome. Well, thank you so much for all your time. Really appreciate it. Well thank you so much for all your time.

I really appreciate it. Please tell everyone about the podcast, your website. If people wanna work with you and you've got a bunch of stuff on social media give 'em all the info there.

Aaron Straker: So I run a weekly podcast with my co-host Brian Borstein. That is called Eat Train Prosper. You can find us on [01:05:00] YouTube and all of the podcast outlets.

Website is stryker nutrition co.com. You can also easily find me on Instagram at Aaron Straker and if you are ever in Bali in the near future and wanted to swing

by Bali's premier training facility for physique athletes, that is called Undefeated Gym.

Dr Mike T Nelson: Awesome. Awesome. Well, thank you so much. I would highly encourage everyone to check out all your wonderful stuff there, and thank you so much for all your time today.

Aaron Straker: Thank you for having me, Dr. Mike.

Dr Mike T Nelson: Thank you.

Speaker 4: Thank you so much for listening to the podcast. A huge thanks Darren Schrager for coming on the podcast and discussing his journey, going from a natural to an enhanced athlete in the sport of bodybuilding. As always, this is not for medical use. This is for information and entertainment purposes only.

Depending upon what country you live in. Some of the drugs we discussed [01:06:00] are still federally illegal. So make sure to take that into consideration. But wanted to have Aaron on here to discuss both the pros and the cons from someone who has done both. I'd be super curious on your thoughts on this podcast, so hit me up.

Let me know what you think. As always, our sponsors here, we've got Element for Tasty electrolytes, and then if you like Tasty Ketones in the form of the ketone ester, check out my friends over at Teton, they make it tasty. Ketone drink. They're working on some new flavors and some other great stuff coming out soon as that is public knowledge.

I will let you know. Use a code, Dr. Mike to save some information or to save some money, not information below. And like I said, once they have more info, I will announce it to everybody here. Full disclosure, I'm a scientific advisor and an ambassador for 'em. Also Flex Diet Cert [01:07:00] is opening June 16th for only one week.

If you want more information on that, hop onto the free Daily newsletter. We'll have a link down below. We'll get you all of the information there. If you have any other questions, the best way to reach me is on the newsletter. Just hit reply. I do my best to reply to everyone. Via the newsletter there. So thank you so much for listening.

I really appreciate it. Make sure to check out all of Aaron's great stuff. I'll put links to everything from him down below. Again, big thanks to him for coming on the podcast and sharing his journey. Thank you so much for listening. If you can do us a favor, leave us a review or whatever stars you feel is appropriate, likes subscribe, download.

All that wonderful stuff that really helps us with organic distribution of the podcast. If there's someone you think they enjoy this episode, please share it with them. If you share anything online, please tag [01:08:00] myself and Aaron so we can say thank you. And that is all. Really appreciate you listening.

Stay tuned. We'll have another episode next week. See you.

What do you suppose they call that? A novelty act? I don't know, but it wasn't too bad. Well, that's a novelty.

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