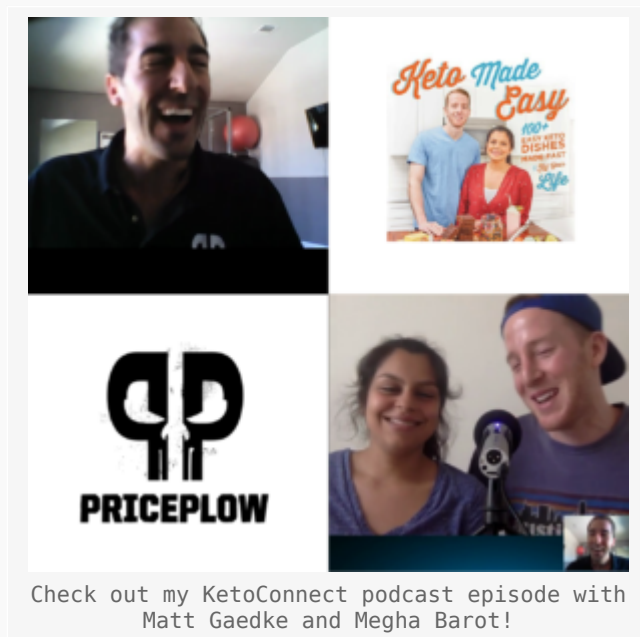


Keto Connect Podcast with Mike: Supplements for Keto | Episode #004

written by Mike Roberto | October 15, 2017



In the fall of 2017, I had the honor of being one of KetoConnect's first podcast interviewees!

Matt and Megha, the champions of all things keto food and keto recipes, asked me to come on and discuss supplements on the keto diet.

Matt found me due to my video testing creatine on the keto diet and wanted me to share my other experiences on their "Keto for Normies" podcast.

Below is the YouTube video from *my* Skype feed, which was using my second camera:

Mike joins KetoConnect for a Podcast on Keto Supplements

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Audio Version:

<https://media.blubrry.com/priceplow/blog.priceplow.com/wp-content/uploads/podcast/priceplow-podcast-004-ketoconnect-podcast-with-mike-from-priceplow-keto-supplements.mp3>

Podcast: [Play in new window](#) | [Download](#) (Duration: 1:32:16 – 84.6MB)

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Citations from the episode

Below are notes and links to nearly everything discussed in the episode:

- **Selenium – Low risk for adults, but high impact if missing**

Two cardiomyopathy case studies, two deaths due to selenium deficiency:

- <https://pubmed.ncbi.nlm.nih.gov/12681013>
- <https://pubmed.ncbi.nlm.nih.gov/22367552>
- <https://pubmed.ncbi.nlm.nih.gov/19027591> (QT Prolongation)

Food sources of selenium:

- **Brazil nuts** – 1 oz (6-8 nuts): 544 mcg (over 100% DV)
- **Yellowfin tuna** (over 100%)
- **Halibut** (67% DV)
- **Sardines** (64% DV)
- **Grass-fed beef** (47% DV)
- **Turkey** (44% DV)
- **Beef liver** (40% DV)
- **Chicken** (31% DV)
- **Egg** (21% DV)
- **Spinach** (16% DV)

- **Electrolytes**

First, some disclaimers:

1. Regarding the FDA – Do we believe them or not?

After all, their recommendations aren't even feasible without massive supplementation using the diets, *they* recommend!

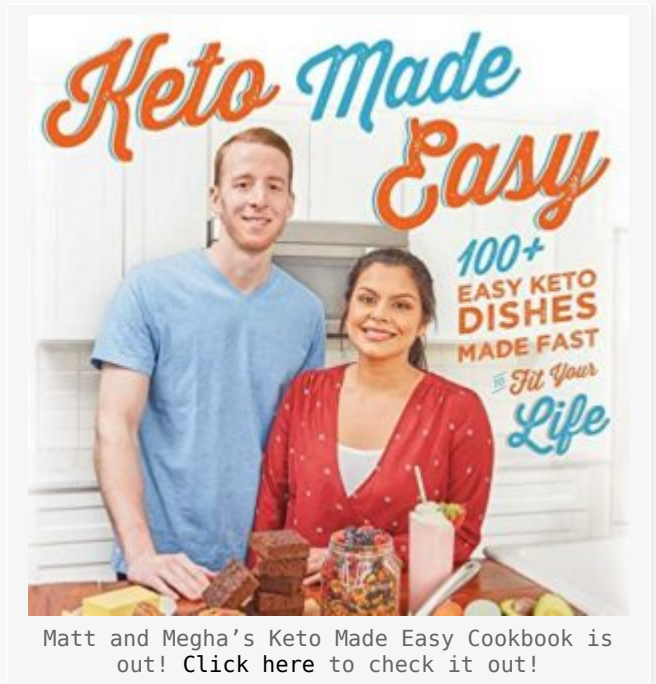
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3878634/>)

However, their *ratios* of potassium to sodium should be a good starting point... meaning potassium is going to be difficult without some 'help'.

2. Yet, there are no truly agreed upon ratios
3. All in all, it's going to come down to getting your own blood tests and gut-checking with how you're feeling and if you're cramping.

On to the important electrolytes:

1. **Magnesium**



- Nearly everyone needs to supplement this! Western Diet is simply deficient. (See best forms of magnesium)
- Better sleep, less anxiety
- Regular Poops!!
- Food sources: Dark leafy greens, fish, nuts

2. Sodium

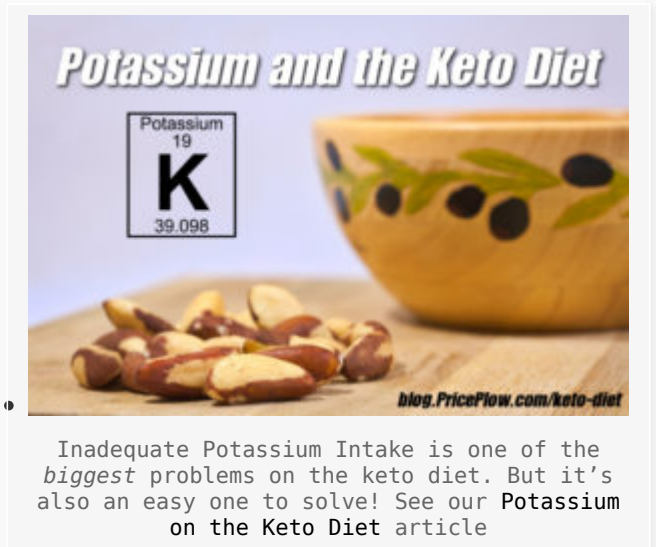
- Less insulin → more sodium and water excreted
- Lyle McDonald says 5g? But only 1g potassium? Not sure we agree, but again... blood tests.
- Recommended reading: The Salt Fix

3. Potassium

- Western dieters are low in general. USDA = 4.7g/day!
(https://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx links to <https://www.nap.edu/read/10925/chapter/7#187>:

On the basis of available data, an Adequate Intake (AI) for potassium is set at 4.7 g (120 mmol)/day for all adults.

That's a *high* amount!



Need healthy kidneys to excrete excess if intake is that high!

- 99mg is the max for supplements due to fear-based FDA bylaws. Solution = powder!
 - Several options covered in our potassium for keto dieters article

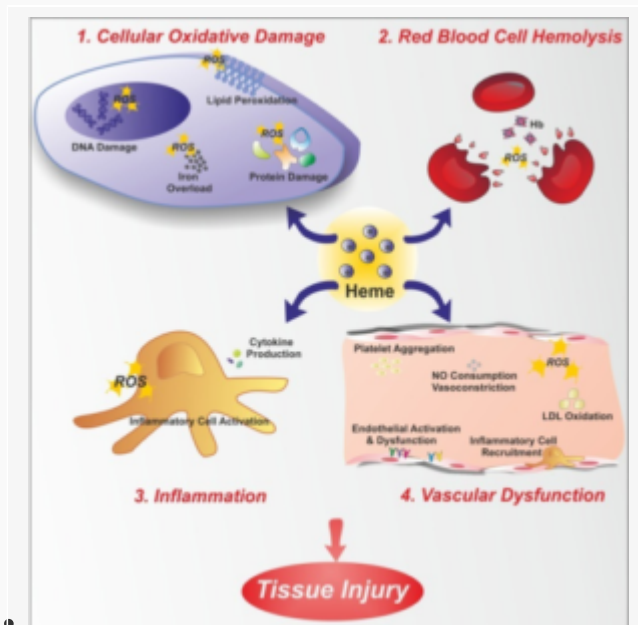
Can consider salt substitutes like Lo Salt (get *iodized!* This zero-iodine thing with all these awful sea salts that have gotten popular is *bad* for your thyroid function!!!)

- Even 3700mg at once is mostly fine
(<https://www.crnusa.org/sites/default/files/files/resources/22-CRNVMS3-POTASSIUM.pdf>) but I space it out.

4. Calcium

- Depends on dairy / whey intake
- High sodium, low calcium = bad on bones
(<https://pubmed.ncbi.nlm.nih.gov/16772639>,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3257722/>,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4170081/>)
- Too much calcium competes with magnesium absorption
(<https://pubmed.ncbi.nlm.nih.gov/1211491/>)

• Iron



Too little iron is clearly dangerous, but it's also prudent to tell you that too MUCH iron can cause oxidative damage as well! This is why we typically stick to the lower-dosed iron supplements.

Get what's *needed* after you've tracked your diet! Some supplements above tolerable upper limit!

(<https://www.ncbi.nlm.nih.gov/books/NBK56068/table/summarytables.t8/?report=objectonly>)

- Bonus ideas: Hemp hearts and cooking with cast iron!
(<https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2621.2002.tb09582.x/abstract>)

- **Not discussed but important: *Fiber***

- Benefiber
- Fibersol-2?
- Veggies

- **Creatine**

- **Yes! No reason not to, healthy for nearly everyone with healthy kidneys.**

See my creatine monohydrate on the keto diet video, up to 10g showed no effect for blood glucose or ketone levels – just make sure you use raw creatine.

6. BCAA

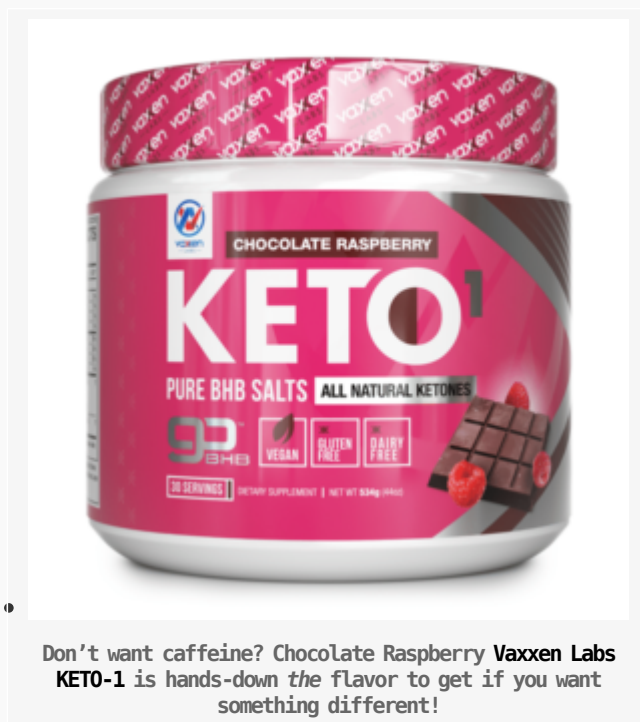
- Overall these three aminos (leucine, isoleucine, and valine) are

fine for most keto dieters, but watch out for citrulline (glucogenic), glutamine (glucogenic), and maybe even beta alanine added to those BCAA Supplements. See my [citrulline on the keto diet](#), [glutamine on the keto diet](#), and [beta alanine on the keto diet](#) videos.

- Leucine is best (see my [Leucine on the Keto Diet](#) video). 4:1:1 ratio seems to be ideal over the standard 2:1:1 ratio.
- BPI Keto Aminos has *still* not been reformulated!

7. Ketone Salts / BHB Salts

1. Disclaimer – Costly, so understand the best use cases (below).



Note that Compound Solutions' goBHB attached to electrolytes – they indeed work, but it begs the question – what makes you feel better, the ketones, or the added electrolytes?!

2. Already keto adapted? Coconut oil or MCT Oil can work fine

3. Use Cases for BHB:

1. Direct energy. 5 cal/g
2. Prevent keto flu / keto fog. (Note electrolyte question above)
3. Appetite Suppression
4. Slightly lower blood sugar
5. Mask cheat meals!
6. Rocket fuel – Get fat adapted, then take alongside carbs for training.

7. Nootropic – crosses BBB (Blood Brain Barrier)

8. Beta Alanine Used: NutraBio Beta Alanine



Third party lab test for the beta alanine I used available at <https://checkmysupps.com/224871.pdf>. Thanks to NutraBio for the tub!

9. Nootropics

- Keto Diet and intermittent fasting are by virtue, very good for cognitive focus, and MCT + BHB are supportive against cognitive decline
- Choline: Alpha GPC / Citicoline – Increase acetylcholine
- Huperzine A – Prevent breakdown of acetylcholine
- L-Carnitine – Preferably Acetyl L-Carnitine
 - Fatty Acid Transport into mitochondria
 - Crosses BBB
 - Provides neuron support, slows cell damage
- L-Tyrosine great for dopamine production, but is glucogenic

10. Fat Burners

I touch on a few things I like, including grains of paradise + capsaicin from cayenne pepper, higenamine, synephrine, and green tea

extract, on top of the choline and L-carnitine (for some people) above.

11. Phosphatidic Acid from Lecithin Granules?!

This was quickly mentioned at the end. See this article for more information, and note the Fearn Lecithin granules if looking to get PA in for enhanced mTOR activation.

Note: While on this podcast, I did a beta alanine ketone test that was very flawed due to the amount of energy I was expending. You can watch my updated and proper "experiment of one" with beta alanine on the keto diet.

Keto Connect's Podcast and Social Media

Here are KetoConnect's podcast links:

- iTunes: itunes.apple.com/us/podcast/keto-for-normies/id1275097187
- LibSyn: ketoconnect.libsyn.com/

KetoConnect's social media links:

- YouTube: <https://www.youtube.com/c/ketoconnect>
- Facebook: <https://www.facebook.com/ketoconnect2>
- Instagram: <https://www.instagram.com/keto.connect/>
- Twitter: <https://twitter.com/KetoConnect>

See also: When I Met Matt and Megha in Atlanta!

I was in Atlanta for ProgPower 2017, so while I was at it, I had brunch with Matt and Megha and made it into their vlog:

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