



CHARLES POLIQUIN NO HOLDS BARRERED INTERVIEW

If you don't know the name Charles Poliquin by now, you should. Charles is one of the world's most well-known and respected strength coaches. He's trained many top names in both Olympic and professional sports arenas, and has introduced a number of revolutionary training and supplementation techniques to the field of performance enhancement. In this issue, Body of Science publisher William Llewellyn sits down with Charles for Part I of a two-part interview. This interview took place right before the 2004 Olympics, where a number of Charles' athletes were competing. Sit tight and get ready, because this is a no fluff piece. We're asking the questions that most other magazines are afraid to, and printing the answers they would probably have censored!

WL: So let's get right down to it Charles. We were just speaking before we started taping, and it sounds like you are working on some very interesting new technologies here. Tell me about them.

CP: Well, two of the big things we are doing over here involve the use of injectable L-Carnosine, and intravenous infusions of Vitamin-C. These natural substances can both be very anabolic when applied in the right way.

WL: So what does it involve?

CP: With the carnosine, we do site specific intramuscular injections into the muscle group that an athlete is about to train. Vitamin C is a bolus infusion that we do a few times a week max. It may sound odd to hear such basic things being raved about, but I must say, both of these programs work extremely well for being natural performance-enhancing methods.

WL: Give me an example of someone you are using Carnosine with.

CP: I'm working with a man that is 2nd in the World as a sprinter now. He never thought he'd beat the likes of Tim Montgomery. He's going to the Olympics this year as a long jumper and sprinter. We did the L-Carnosine with him, and it has worked really well.

WL: What kind of applications/athletes? Endurance or someone focused on speed sport?

CP: All types, but more strength athletes. For example, you take someone that develops his training with a typical strength training method, where there are, say, 5 sets of 5, which is typical. He'll get 5 reps, then 4, couple sets of 3. You hit him with the injectable LC, and that day he'll get 5 sets of 5 no problem, and probably with more weight. Progress in the gym is a function of total tonnage and average intensity. And it helps on both.

The people I train are mainly strength and power athletes. I haven't done this with the endurance athletes. But I think anybody that wants strength and muscle-size increases will find that this will help bring this on much faster.

WL: Have you been able to put numbers on some of the gains that you have seen?

CP: I would say that it probably gives you a 25% advantage over training naturally.



WL: That's substantial!

CP: Basically. Hypertrophy is total volume of work, done at an intensity maintained at, at least, 70% of max. That's why carnosine favors hypertrophy. The only problem is that we usually do the program with the Vitamin C therapy, so it's hard to say which one did what. But I've done on myself either LC or the Vitamin C therapy. The advantage of the Vitamin C is a reduction in body fat, if you were to choose between the two.

Actually, guys with 6% body fat, who are already quite lean, with twice a week of just adding the Vitamin C therapy, can go to 2.8. This is with no change in diet or anything.

WL: So, Vitamin C is something we're going to see competitive bodybuilders take an interest in?

CP: Yeah, I've got my Throwers doing it now. They find they're already lean, but their speed will go up because they are getting even leaner. I think more competitive athletes will do that. Bodybuilders too.

WL: What about side-effects? Do you see any serious risks with these techniques?

CP: No, none at all really. There can be a lowering of blood sugar with Vitamin C that we need to watch with some clients. They are both natural and very safe techniques.

Two of the big things we are doing over here involve the use of injectable L-Carnosine, and intravenous infusions of Vitamin-C.

WL: So, give me some of the background on where these techniques and research came from.

CP: I actually hired as a consultant the guy who wrote the book on it. His name is Tom Levy and he has actually come down to train my doctors and staff. The guy is really brilliant. I would say in the last 10 years, this is the most amazing thing that I have done.

WL: What is Tom Levy's background?

CP: He's an MD. He's a cardiologist and he's also a lawyer. He worked as a forensic expert before. I sent him all my weirdest cases. He treats with Vitamin C and by hyperbaric chamber. The only thing he doesn't treat you for is being late for your taxes. He's got two tools in his box and he uses them well. He's big on glutathione therapy too. I got that from him.

WL: So what does he think about how you've been applying his work with your athletes?



Inside the Poliquin Performance Center

CP: Actually, when he came here to give a lecture to my doctors and my staff, I showed him the data that I was using. You know, not with a sick population, but with a healthy population. He was quite impressed with the results. Now he's actually treating athletes in the Danbury, CT area using those same protocols for performance enhancement.

WL: You mentioned to me that you got this treatment yourself first for a medical condition. Do you mind me asking the details surrounding that?

CP: Not at all. I had a series of heart attacks back in 1994. It was due to mercury poisoning from my teeth. At first, they thought it was a magnesium problem, which was true, but it was not the cause. Two of my brothers died of heart attacks at a young age. You see, with mercury poisoning, let's say we both had a level of 50 mercury in the blood, and 3 is the acceptable norm, you might suffer from insomnia and prostate pain, while I might have heart attacks but we may have the same mercury dosage.

WL: I do understand that mercury poisoning can cause a very diverse set of problems.

CP: It depends on which tissues it likes to go to and infect in the body. There are people that have a mercury level of 18, which isn't that high, and they have chronic fatigue syndrome. The more protein you eat, the more you can mask the mercury poisoning. I have seen a tri-athlete

where their performance was not going anywhere. I said, 'Okay, come in and let's test your mercury', and it came back at 128, which is VERY high. This was a vice president of a major bank, very driven type of lady. We treated her for mercury, and in six treatments she's down to 58. Without change in training, diet, or anything, her body fat went from 18 to 11. It was just from the mercury detox. We have found a lot of people who can't get lean no matter what they do. When we check their heavy metals, they always test positive. Then we detox them depending on what it is. You know, it's different depending on whether you're treating for nickel, mercury, arsenic, or lead. We give them a detox protocol based on what they need. If it's teeth causing mercury, the teeth have to get fixed first. If you don't get the teeth fixed, nothing is going to happen. After we remove the source of mercury from the body, we treat to eliminate what's around. And as their strength start to go up, body fat starts to go down. Mercury will block the conversion of T-4 to T-3. Basically, it's become a standard test that we do with every athlete. It's amazing how many people have some issue with heavy metals.

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WL: Just how common would you say it is?

CP: It's common especially with guys who have had a lot of dental work. Hockey players have the worst teeth in pro sports, so the odds are greater that they will need to detox for mercury more so than football players. Another thing we do is run stool tests for parasites and fungus, which is far more common than mercury. During the last 7 years, I haven't seen one normal stool sample. Look at Adam Nelson; he just threw 75 feet last weekend, which is the best throw in the world right now in shot put. He came in as a client, went through my program through an associate of mine, and won two Olympic Silvers, and one World Champion Silver. Initially, I wasn't very happy with the progress he was making, so we ran a stool test. It came back positive for a bacterium that blocks the absorption of protein and gives you diarrhea.

WL: How did you treat that?

CP: The doctor and the lab we use run tests so we can identify which drugs and which natural agents will work. We normally would use something like black walnut, which is fairly gentle on the body. But in this case, there are maybe six drugs that work, and he was resistant to every natural agent. So we took one drug, which was the shortest course, and it basically got rid of it in five days. As a result, he put on 25lbs of lean body weight in the space of a month, which was amazing. You got to remember that he had a roommate that was basically eating all of his protein. See, during training he was able to call up additional motor units, but he wasn't able to make them grow. You may say, 'wow, that's enormous', but it's normal in that now those fibers that he actually accessed has protein to feed them. Not everybody can put on 25lbs in lean mass like that, but if they are that well trained, yeah. His incline press shot up 125lbs within weeks!

WL: It's amazing that these are things in the background affecting your progress you don't really think about

CP: You know what? The stuff that we're finding is amazing. I'll give you another example. There was this one woman who coached on a national level for figure skating who came to see me. She complained that she had fibromyalgia, so I asked, 'Have you ever done a stool?' (which I figured she had) and she said no. So, we ran the tests on her. It turned out she had two weird strands of bac-

teria that you only can contract in the Soviet Union. I said, 'When were you in the Soviet Union?' She said, '1996, I went to Leningrad.' I asked her if her symptoms started after Leningrad, and as a matter of fact, they did. So, we treated her for that, and her so-called fibromyalgia went away. I'm amazed with how it is. If you ate at a restaurant in San Diego, a few years ago, the odds that you would catch an intestinal bug was 1 out of 7. Now, it's 1 out of 6 and it's increasing.

WL: You know, after talking to you, I don't know what the fuck is wrong with me now. I've probably got heavy metal poisoning, bacterial parasites, and am now afraid to go out to a restaurant. Thanks!



CP: You know what's funny? The worst offender is Vegas, and the worst thing you can do there is to eat at a buffet. We used to work with a guy who ran the stool tests for us. Now, we use a different lab, but when we used to run our stuff with him, he'd always say to us, 'If you want to avoid bacteria, don't go to a buffet and don't go to Las Vegas.'

WL: Aside from the stool and heavy metal tests, would you run any other kind of basic testing on your clients?

CP: Another thing we used to do, but don't do anymore because it's almost too common, is test for food sensitivities. When people have an aversion, it's usually to proteins, and there's nothing you can really do to get rid of

it. Four years ago, I ran a lot of food sensitivity tests and basically everybody I coached had allergies to beef, whey protein, casein, milk, and eggs. When we found people were having problems with protein, we found they were always eating the same protein foods, so then we would go on a diet for six weeks where they don't eat those foods and we found that when we retested them, they were now not allergic anymore. As long as you keep varying the diet, they weren't noticing food allergies. The point is that with protein, we need to be varied in our diet. I basically don't run food sensitivity tests anymore because we always see the same results, and we found it's the same way to fix it all the time. You just sit down and tell the athlete to eat some buffalo or ostrich instead of beef. Most bodybuilders eat tuna, chicken, and beef, and if you run a food test, it's, say, tuna and chicken. Take away the tuna and chicken for six weeks, and you're not allergic to them anymore. Just by varying the diet you help with protein consumption. The guys that use the most stimulants, for example, have the most food allergies too because stimulants lead to leaky gut syndrome. You get larger proteins from food into the blood stream, and then your body can develop antibodies to it.

Can you hold on for a second? (Speaks briefly with a doctor) I am getting an IV while I am talking to you.

WL: Oh yeah? What are you getting?

CP: Just straight Vitamin C, a 50g bag.

WL: So aside from changes in blood sugar from Vitamin C therapy, do you see any risks with either?

CP: Nope, we haven't seen anything. Actually, I interviewed Tom Levy for my website last week on that topic, and he said he's been doing that for 20 years and he's never seen anything else but the blood sugar issue.

This will complete Part I of our interview. If you thought this was interesting, wait until the next issue. Part II of our hard-hitting interview with Charles Poliquin delves into the taboo issue of drug use in competitive sports. Poliquin discusses the invasion techniques of the old East German Olympic doping machine, as well as the current state of drug culture in professional sports, including football, basketball, and hockey. You won't want to miss a single word! ■