

Paleo Solution - 413

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Robb: Alrightey, folks! We are back in another edition of Paleo Solution Podcast. I took away Nicki's pen. She will not be clicking that during today's episode. I do have to do a little mousing, but I will try to not be too augural on that.

Nicki: And I'm not even in a chair that moves because otherwise, there are the squeaky sounds that come from that, so I'm going to try to be quiet.

Robb: You're kind of noisy during these things. Do you have anything you want to report, share?

Nicki: My goodness. We had frost this morning.

Robb: We did, we did.

Nicki: So I'm happy that we're now in the end of fall --

Robb: Winter is coming.

Nicki: Winter is coming, yeah. I believe we'll get the season finale of that here in the next eight months.

Robb: Something like that.

Nicki: The winter that's coming that never comes, the finale.

Robb: Yeah. Okay. Do you want to jump in here?

Nicki: All right, sounds good. Let's see. Our first question is from Kaylie on the topic of keto for children. "Hey, Robb! I've read a few studies and heard people talking about keto diets helping children with epilepsy and behavioral disorders, but I'm wondering if it's healthy for all children. I want to raise my child healthy and I don't feel comfortable feeding him processed foods, sugar, and grains like baby cereals and junk foods. How do I know if I'm feeding him the right amount of fats, proteins, and carbs? I love your podcast and I'd love to hear your thoughts."

Robb: I know a few folks -- I'm thinking a lot of stuff here. There are definitely medical conditions that seem to lend themselves to a low carb diet for kids, type one diabetes being one of them, although that's a very controversial topic, but I'm

actually -- like right now today, I don't know when this is going to release, but I'm working on a video piece looking at keto diets and diabetes in general, both type one and type two. In this study, they looked at the Type One Grit approach, which is based off the Bernstein diabetes solution protocol, which ironically is virtually identical to the ketogains protocol, which further ironically is virtually identical to the keto Masterclass protocol, which is a protein-centric, low carb, appropriate fat diet.

What was interesting in this, and again, I'm going to do a whole breakdown on that, was that the blood sugar control in these type one diabetic kids was according to the study -- authors in this was a Harvard study, very nicely done, unprecedented in diabetes research, so it's like the best results that they've ever had with something like this. The kids had above average growth as far as height, which is one of the big concerns within the diabetes community that if kids don't have enough glucose that they're not going to grow. I think that anecdotally, we've had some ripostes to that, but this is actually a really nice one. You're not giving the kids type two diabetes through standard of care treatment, and then two, they're clearly getting adequate nutrition.

All that stuff said, ketogenic diet is a pretty constrained diet. I don't know that there's really a big, compelling reason to do that unless a kid has a legitimate health concern. I know some people who run the keto scene feed their kids keto and I think their kids are probably motoring along just fine. We don't do that. We do Paleo-ish. We do some gluten-free grain stuff here and there. It's by no means an everyday type of thing. It's very intermittent deal. I wouldn't be surprised if the girls go in and out of ketosis occasionally just based off of, "Hey, Dada, I want this and I don't want that." Okay. We have a meal that we've prepped and they'll eat for a while and they stick with more like meats and cheeses and avocado and stuff like that. During the summer when watermelon and the fruit come in season, they eat until they shit like geese.

Nicki: It sounds like, Kaylie, your main concern is you don't want to feed him processed foods, sugar, and grains.

Robb: That's the win.

Nicki: So essentially a Paleo diet. You can feed him protein, good protein, good fats, lots of vegetables and seasonal fruits, and he's going to grow and thrive.

Robb: Yeah. I did a blog post a couple of years ago, maybe three years ago feeding kids Paleo. I'm getting ready to do an update on that.

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We took Sagan, our youngest, to the pediatrician, and I'll give away a little bit of this stuff. Both girls had to do a well-child checkup at the age of four before they start school, so they take their height and their weight and all this stuff. They were virtually identical in height, 48 and some odd inches or something like that.

Nicki: And really close on weight as well.

Robb: Really close on weight. Zoe is two years older. She was 96th percentile in height and something like 32nd percentile on weight or something, so tall and skinny. Sagan was 98th percentile in height and then whatever --

Nicki: Essentially the same height, but two percentage points higher.

Robb: Yeah, two percentile points higher and I'd asked the doctor. I'm like, "What's up with that?" They're exactly the same height because I asked what Zoe was at the same age and he was kind of fishing around and fishing around and he said, "Oh, well, kids are getting shorter." So just in a two-year period, the percentiles have adjusted down.

This is relative to what everybody else is doing, and so there's a lot of hoopla around, "Oh, you're going to create disorder eating all this stuff." Yeah, you could make bad mistakes and be neurotic about your food, but for the first time in history, kids in the United States are starting to get shorter. They're also projecting potentially a shorter or decreased average life span for kids being born now.

I'm over the hand-wringing around this stuff. The people who ring this bell about disordered eating and everything, well, we have just outrageous rates of juvenile diabetes, type one diabetes and increasing; kids developing type two diabetes. I think the youngest diagnosed now was 26 months old as a child developing type two diabetes. This is bullshit, how much hand-wringing can we do around the disordered eating deal while we're basically driving this train towards a cliff.

Nicki: And not to mention the dental care. Zoe has a couple of friends, and she's in 1st Grade, and a little girl smiled and literally -- and I don't know if it's amalgam or some alternative substance, but metal, so many cavities that they've had to fill them even before she's lost her baby teeth.

Robb: Yeah, and knock on wood, neither of our kids have had any issues with that. When they went to the dentist, the dentist was like, "Wow! Your teeth are really clean!" They get some gluten-free cookies here and there. They'll get a little bit of ice cream here and there, but we don't make it a treat.

Nicki: It's definitely not a daily thing.

Robb: It's definitely not a daily thing. Now, would the kids love to eat that every day as a daily thing? Absolutely, yeah, but we don't do that. We actually do some parenting and draw some guidelines. It's kind of funny. People will crow about this stuff. They're like, "Someday, the kids are going to grow up and they're going to do whatever they want to" and it's like, yeah, that's creating a fucking functional adult, so clearly they're going to do that. I don't want them to have neurotic food issues and whatnot, but we just talk to the kids about different foods taste differently. Some of them are better for your body though. If you have too much of this then you will not be healthier later.

Nicki: And they like to be active, so it's like, "This helps make you stronger and run faster and your brain to work better..."

Robb: Both of them are getting into some kind of obstacle course stuff like climbing cargo nets and everything. Zoe said, "Dada, how can I climb a cargo net better?" I'm like, "Eat really good food and work out with me" and she's like, "Okay. I'm all over that." That was a super long answer to a pretty simple question, I know, but the kid thing --

Nicki: It's not simple though. People go crazy over this stuff.

Robb: People get crazy over this stuff. The funny thing is where we are with this, there will be folks in the Paleo, low carb scene and they're like, "Those people are idiots. They let their kids have any amount of grains or gluten-free stuff," so we're going to be bastards for the people who are super on uber low carb scene and uber clean food scene and then there are going to be other people that really give two shits about what food they feed themselves or their kids, so we're going to be zealots there. We're going to be bastards no matter what we do, so this is the particular flavor of bastardism that we've carved out for ourselves.

Nicki: All right, moving on.

Robb: Yeah, moving on.

Nicki: This question is from Dan. "Am I carb-adapted?" Dan says, "I have recently finished reading *Wired to Eat* and shortly after began testing many of the foods on the list. The majority outside of oatmeal at 123 mg have come back surprisingly low at less than 100 mg. Have you even went as far to test sourdough bread and cinnamon toast crunch," Wow, Dan, you did go far, "just to see the effect which also came in at sub 100? About six months ago, I sent some blood off to test, what my ideal macros should be, and it came back 40-40-20," so 40 carbs, 40 protein, 20 fat, "which I automatically thought was a farce given this sort of..."

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Robb: "Of split..."

Nicki: "... of split as a classic bodybuilder macros split and seemed gimmicky. However, post-testing my own blood myself, I'm starting to think maybe it was accurate. I'm 35 and I've always been a bit carbophobic, so my question to you is one, is it possible or have you seen this sort of reaction with others who are able to eat carbs without a spike in blood sugar? Two, what does this tell us, good, bad, and different? And three, I would really like to experiment with a keto reset for two to three months a year given I feel there are great longevity aspects. However, if my body handles carbs well, would you suggest a high fat keto protocol for benefits?"

Robb: Is it possible to have this? Have I seen this type of reaction? Yes. I'm sitting next to one. It sounds like maybe Dan's responses are maybe even better than yours --

Nicki: I think they're better than mine, yeah.

Robb: But something to keep in mind with that is the protocol in Wired to Eat is a standardized 50 g of carbs. Had I gotten more detailed, we would've figured out some sort of an algorithm around what your lean body mass was and then dosed carbs appropriately. I'll go out on a limb and say Dan probably weighs more than you and let's say both of you are equally carb-tolerant, but he's a larger individual, so he's going to have a lesser total blood glucose response.

It's a little hard to tell that, but yeah, we've definitely seen that. What does it tell us? It tells us that you and Dan are more metabolically flexible and carb-tolerant and insulin-sensitive than I am and that's awesome. That's really the name of the game on number three, experimenting for a period of time. I can't really see any downside to this, but also I could make a really strong case for just some time-restricted feeding for periods of the year, maybe a week or two or a month.

Nicki: Or just shifting it really seasonally.

Robb: Yeah, just shifting it seasonally.

Nicki: So you're having more of your carbs in the summer.

Robb: Yeah. If you're in the northern latitudes like February or something like that, maybe you do a month where it's low carb keto. There is a reality that shifting low carb will change your gut microbiota. It does change things. For somebody

who's metabolically flexible as Dan appears to be, I don't know about nervous, but when you're carb-tolerant, it doesn't necessarily mean go out and eat all the carbs, but man, just being able to have the flexibility of eating a balanced macronutrient ratio and not have to worry about it -- I think that there probably are some cool elements to the story around ketosis and some anti-aging effects and stuff like that, but I think so much of what we see as far as Western degenerative aging is because people are eating at a carbohydrate level that isn't congruent with their physiology, and so then they're suffering downsides, whereas --

Nicki: Like calorie level that isn't --

Robb: The calorie level that goes with it, yeah. Someone like Dan or someone like you, I'm a little more reticent to recommend a straight up ketogenic diet for someone like that, maybe for a block of time or doing things like again time-restricted feeding or maybe doing some intermittent fasting here and there because you're hitting all those same pathways, but if you're lifting weights, you're doing a little bit of cardio, you're doing some stuff like that, you're getting a bunch of that stuff.

If we just don't overeat, which I'm feeling like a broken record on that, you say that and it's super trite to say it and it's very hard to do in this modern world, but if we just don't overeat, I think that that's 85% or 90% of the fight right there, and then as we motor along then I think you start getting lesser and lesser benefits. If you have somebody that's carb-tolerant and they're not being an asshole with that, they're making better choices more often than not, lifting some weights, doing some cardio, doing some sauna, getting some sun, I think that that's pretty good.

Nicki: Okay. Let's see, question three, nicotine affect on ketosis levels. This is from Pierce and he says, "I've been on the keto diet for almost three months now and my carb intake is between 15 g and 20 g per day with around 1500 to 1700 calories overall, and I'm consuming around 130 g to 150 g of protein a day. My daily blood ketone level is between 0.4 and 0.7. I CHEW almost religiously. Could there be an effect on my blood ketone level with the nicotine from my chewing or even enough to keep me at such a low level of ketosis?"

Robb: One, Pierce, let's shift you to gum or mints as a baseline. This is some of the work that I did for Naval Special Warfare ages ago.

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Nicotine as a substance is not really particularly problematic. Tobacco as a delivery system is super problematic, so I would hump your knee really hard to

shift that around. Then beyond that, I think -- I'm assuming you're probably at a weight loss level here for the caloric intake or possibly a maintenance. I like where the protein is. The fact that you're at 0.4 to 0.7 is kind of a modest level of ketosis, which as people who have been keto for a while, that tends to be where they slide to a little bit of the lower end. There are a variety of reasons for that probably because your body is more efficient at burning fat as a direct fuel source, and so not really needing as much in the way of ketones.

If you wanted higher ketones, maybe dropping protein a little bit, but we see that end up in this downward death spiral where people get hungry and then they overeat and body mass is not well preserved. That's all. I think you're doing good stuff there. When you look at the pharmacology of nicotine, it's a stimulant similar to caffeine, but I don't see those things produce enough of an effect to really make this an issue, so my main concern would be the fact that you're chewing tobacco. Let's shift you to some gum or some mints or something like that.

Nicki: And then your ketone level is not --

Robb: Is neither here nor there.

Nicki: Right. People get hung up on that, but even if you're trying to lose weight, it's mainly focusing on that protein and your calories are at an appropriate level for either maintenance or fat loss.

Robb: Yeah, so good on you as far as -- seemingly, the way that you've constructed this, it looks good, not too low on protein. I just wouldn't be concerned by either the low relative ketone levels. I would be concerned about chewing tobacco and shift to some gum or mints again.

Nicki: All right, a question from Stu on lifting versus jiu-jitsu.

Robb: Is there even a question on that?

Nicki: "Hi, Robb! After many years of bro splits and curls, I finally got into heavy compound lifting about a year ago and have run a five by five type beginner program, recently more intermediate templates as well. I really enjoyed lifting and currently hit the squats, deads, and bench three times a week; cardio one or two days in between. I really want to start jiu-jitsu though. I've been interested in it for the longest time and I finally need to just get my ass on the mat and do it. Is once a week enough for jiu-jitsu? I have a feeling I'll get into it and want to do more, but I also don't really want to slow down on the lifting and there are only so many hours in the day. I'm running a family business during the day and

trying to get a little health coaching biz going at night for people in South Africa." Yes, one of your six fans is in South Africa.

Robb: Awesome.

Nicki: "What would you recommend for someone wanting to get started?"

Robb: Oh man, I guess the real concern here is that you might love jiu-jitsu so much that you end up lifting weights less. I would just get in and check it out. I still lift two, sometimes three days a week. That's more than plenty for me for what my goals are and it's mainly to just armor, build up some whatever degree in muscle mass I can and armor-plate myself for jiu-jitsu, hiking, playing with the kids, and all the rest of that stuff, so it just facilitates the rest of my life, but I will say this. When you get into something like jiu-jitsu, it's so much more dynamic and interesting for me that the weights I do -- because it's like taking vitamins or something and I go, "Okay, I guess I should do this," but for me, it's not super compelling. I throw that out there not for you to be freaked out about that, but you will know if the jiu-jitsu bug really bites you then you'll be okay.

Nicki: And one thing about the one day a week especially as a beginner, there are so many different positions in jiu-jitsu and depending on wherever you end up going or how that program is structured, your first day, you might see one position and the next day, you might be in a completely different -- I don't know if it's enough consistency in the beginning to really feel like you're -- I don't know. I felt lost for six months at least --

Robb: Well, you felt lost for a good chunk of time and then there's just kind of a work hardening your ribs, and intercostals are always sore, and then we had you pretty consistent and that dialed down, then you were out for three weeks due to travel. When you came back, now you're coming up on one year being in it, but it was kind of like --

Nicki: My first two sessions back after being off for three weeks was like, "Holy shit, why am I doing this? This is so hard."

Robb: Right.

Nicki: Yeah. I would just say if you really do want to get into it, I might -- or maybe consider if you can maybe doing it private if you're only able to do one a week so that your coach can layer stuff --

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Robb: From session to session.

Nicki: -- really smartly so that you're seeing some consistency and you're repeating and reviewing what you learned the first time versus showing up to a class, working side control bottom. The next time, you're working mount top. In the beginning, you have no concept of where these positions are, what am I supposed to be doing. There's a lot to it.

Robb: There's a lot to it. It just occurred to me also the fact that Stu was in South Africa. There's a guy named Rodney King down there who's a phenomenal Thai boxer, black belt in Brazilian jiu-jitsu, was part of the Straight Blast Gym Organization. If you can track him down, the Straight Blast Gym folks, Henry Akins, any of these Hicks and Gracie black belts, Pedro Sauer. The school matters a lot in this too because it's a well-run school. You're going to do a lot of drilling. It's not going to be like a zillion different random techniques, so that will really allow someone who's on a minimal schedule to get better faster. Cool.

Nicki: You'll have to keep us posted.

Robb: Yeah. Do circle back around with us and let us know how the jiu-jitsu exploration goes.

Nicki: Okay. This question is regarding low appetite on Paleo and this is from Jay or Jai. I'm not quite sure how to pronounce it. "Hi, Robb and Nicki! I have a question regarding having a naturally low appetite. Growing up, I remember having a pretty inconsistent appetite compared to my peers and family. I was a competitive athlete up through sophomore year of college and I felt like that really drove my appetite. For most of my life, I had a low but normal BMI, which slowly crept to an overweight BMI in the last few years. I developed some poor eating habits in my 20s and struggled with depression, which led to a 30-pound weight gain. I've dabbled in Paleo for a long time, but about two months ago, I really dove in after reading *Wired to Eat* and experiencing some scary health symptoms like fatigue, orthostasis, and paresthesias in my legs and fingers and blurry vision."

"Since eliminating grains, dairy, and soy, I have noticed that I am rarely hungry. I counted calories and macros for a few days to see where I'm at and I hover around 1600 calories (food detail below if you need it). I'm 5'5", 150 pounds after a 15-pound weight loss and moderately sedentary. I am a nursing student, so I move around a lot at clinicals, but spend much of the day sitting to study. I rock-climb two to three days a week and walk two to three days also. I plan to also add one to two days of lifting. My concern is that I'm maybe under-nourishing myself. Is this something I should worry about? Is it possible for some people to just need fewer calories? Is this something I shouldn't worry about until I get to a lower weight? I don't feel like I am under-eating. I have a lot of

energy. My skin looks great. I've put on more muscle. Depression has disappeared and anxiety is back to a manageable level." That's great. "IBS has much improved also."

"I have a Sphincter of Oddi dysfunction too which gets a little frisky when I have too much fat, but has drastically improved since cutting out dairy. Thank you so much for the work that you do. I've had amazing results and the workbook for Wired to Eat really kept me motivated." That's awesome. "I've already brought three friends into reading the book and trying the lifestyle mods. One of the biggest changes I've made is socializing more and I don't know that I would ever have done that without your book." That's really cool.

Robb: Cool! Awesome! Super cool! And then she goes on the detail a little bit over breakfast and whatnot, so we're --

Nicki: So 1600 calories at --

Robb: 5'5" female. See, this is an interesting thing. I forget where I saw this or heard it. In the 1970s, Americans on average were consuming 2200 calories a day. Today, they're consuming 2800 calories a day, so we're just eating way more food. Now, if you're an athlete and you're super busy, you have a physical labor job or something, yeah, you definitely need to eat more food, but it's kind of funny. I'm reasonably lean, reasonably carry a decent amount of muscle mass, but when I put my caloric requirements into something like Cronometer or the ketogains Macro Nutrient Calculator, I honestly have to tick the box sedentary because I do a bunch of what we're doing right now.

Now, in the past, I've tried to convince myself, "Oh no, I'm still active" and whatnot. Now, if I'm doing a sedentary day, which more days than not are, my total caloric need honestly is somewhere around 1900 to 2000 calories a day, maybe a little bit more, but not much. I'm 170 pounds, probably about 8% to 10% body fat. I work out a couple of times a week, but my weight sessions are super low volume. I do get into some jiu-jitsu. I do cardio once or twice a week. A hard jiu-jitsu session by the best estimates that I can figure out is about 300, maybe 400 calories, and that's it. I'm not a UPS driver lugging stuff around and running up and down the stairs and all that stuff.

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I think that everywhere whether it's academia or regular dietetics or what have you, people were really freaked out about eating too little, but I think the reality is that most people are just eating too damn much. I think that these levels are probably fine. You clearly want to focus on nutrient-dense foods like checking out Marty Kendall's Nutrient Optimizer.

Nicki: Yeah. She's eating eggs, berries, fish, sweet potato, greens. The food quality is on point.

Robb: It's great, yeah, but it's not surprising. This is part of the reason why you're losing weight, is because you're not overeating.

Nicki: And she's concerned about not being hungry like having a diminished appetite, but that's a normal part of eating --

Robb: Within your normal parameters, yeah. We shouldn't walk around hungry necessarily all the time. I've talked also with Tyler and Luis from ketogains and this is kind of a controversial area and there's not a ton of science to support it. It kind of gets into the metabolic pathways, but you could make an argument that eating a nutrient-dense, lower carb diet probably reduces total caloric need because when we're fat-fueled, we tend to produce fewer reactive oxygen species, so we're just wasting less energy.

Now, some people will couch that as your metabolic rate went down, which kind of is true in a way, but the metabolic rate that is less is less of the stuff that causes aging and DNA damage and stuff like that. There's the brown adipose tissue. There's this thing called uncoupling protein and there's a product that some of the bodybuilders used to use years ago, DNP. Dinitrophenol I think is the name of the molecule that would stimulate uncoupling protein. Just at rest, you would burn huge amounts of calories, but you could overdo it and your body temperature could go up to 112 and you'll bake your brain and die.

Burning calories for calories' sake really doesn't make that much sense. We actually want efficiency and inefficient metabolism means that you're not producing a ton of reactive oxygen species. You're not glyrating your proteins. You're not aging yourself at an accelerated rate. It also means that you aren't necessarily eating a pint or half a gallon of ice cream every night. You need to be at a massive work output to be able to do that, and even then it's not always particularly healthy for you like we see the high level endurance athlete stories where they became type two diabetic. They're fit for their chosen activity and also reasonably lean, but they were metabolically broken.

I think you're doing everything right. It's just the reality that if you're feeding yourself a nutrient-dense diet that it doesn't require a lot of food to motor you along. And then if your physical activity increases, your appetite will typically increase in lockstep with that.

Nicki: Okay. Let's see. Next question is on the mechanism behind foods that lower blood glucose, and this is from "The Great Dane". "Hi, Robb and Nicki! People

talk and write about foods or supplements that help lower blood glucose. As I understand it, some of it has to do with the activation of GLUT4 transporters, an example, when taking alpha lipoic acid. This should make your muscles more insulin-sensitive and thereby lower blood glucose. It might not be exactly what happens, but what about stuff like cinnamon, vinegar, and lemon juice? Is it the same mechanism or is it simply because they tell the pancreas to produce insulin? After hearing Peter Attia on the Tim Ferriss Show several years ago, one of my goals has been to keep insulin low. I want to use as many hacks as I can to keep blood glucose low, but I don't want it to be low because of insulin secretion. If there anything to this or am I good to go with the hacks?"

Robb: Yeah. This is a really interesting point because there are things out there that will reduce blood glucose levels like stevia to some degree. In some people, you'll get a hypoglycemic event, a blood sugar lowering process. It's probably driven mainly by the sweet taste releasing insulin. If you're on a low carb diet, I don't know that that really matters all that much. If you're kind of a somewhat not super insulin-sensitive, carb-centric person then that stevia, dropping blood sugar could lead to kind of a hypoglycemic event and cause you to eat more food.

The GLUT4 transporters really come online from physical activity particularly resistance training, although just simply walking will facilitate that non-insulin-mediated glucose transport.

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You could make an argument that we should be generally more physically active throughout the day and a lot of our blood glucose management should come about from physical activity. We shouldn't need to just rely on insulin to deal with every moment of food ingestion like we have an excited moment and our blood sugar goes up. That shouldn't necessarily need to be managed all the time by just insulin, and this is probably part of the problem that we have today. Things like cinnamon are helpful. Vinegar acts through -- the acid load tends to slow the emptying of glucose out of the gut, so that tends to be more the mode of action there.

All of these things though at the end of the day have a really modest impact. This is where we're doing some carb testing, Wired to Eat seven-day carb test map, how you're doing with various carbs. I would just make the case that if you have a problematic carb like white rice, you either eat less or you eat it post-workout or maybe you use some of these other mitigating strategies. I would actually say that vinegar or lemon juice is probably the more powerful. Cinnamon can be helpful in some regards, but you have to pick the right type of cinnamon. Maybe use a cinnamon extract that has removed some -- I'm blanking on the name of

the toxic substance, but you can get a toxic exposure from cinnamon, doing too much of it trying to lower blood glucose levels.

Nicki: That doesn't sound good.

Robb: I wouldn't recommend it. Your liver can recover, but you don't really want to beat your liver up too badly. Anything else in closing there, wife?

Nicki: I don't think so. Those were some good questions.

Robb: Good questions. Thank you all for continuing to fire off questions to us.

Nicki: This is our first one doing it with video.

Robb: We're doing some video.

Nicki: So we're going to play with this.

Robb: Yeah.

Nicki: Let's see.

Robb: Yeah. Let's see how that transfers. Apparently, 70% or 80% of content online now is being consumed via smartphone or tablet and a ton of that is video, so we'll give this a whirl. Definitely, if you want to follow more of the stuff that we're doing, sign up for the Robb Wolf YouTube page. Just go to YouTube, search "Robb Wolf" and then @dasrobbwolf at Instagram. That's where most of my online activity is happening.

Nicki: If you have a question, you can submit that on robbwolf.com at the contact page.

Robb: Cool.

Nicki: And we'll answer your question next.

Robb: Awesome! Thanks, wife, and thank you all. We'll talk to you soon.

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