

[Robb:](#) Welcome back, wife.

[Nicki:](#) Back to our Q&A podcast.

[Robb:](#) Yep. Yes it is.

[Nicki:](#) What's new?

[Robb:](#) Not a whole lot. Just grinding through the books that I'm on the hook for and, yeah

[Nicki:](#) Yeah, grinding.

[Robb:](#) Grinding, yeah. I mean complete first-world problems but doing two books simultaneously was not the best idea.

[Nicki:](#) Smart.

[Robb:](#) Just had to be done. Nobody else is really picking up the sustainability torch and running with it probably because everybody else is smarter than Diana Rogers and I think so.

[Nicki:](#) All right. Well let's go ahead and get started with our first question from Erica. Let's see. She says, "I aced the seven-day challenge like your wife so why am I doing this? Hello, I loved your book, Wired to Eat. I'm a 31-year-old female, six foot tall. My goal of 160-ish pounds, 20% body fat. I've never been heavy, don't have diabetes in my family. I do have a history of disordered eating, counting, restricting calories, and then binge eating until a year ago when I found low carb. I've been on thyroid meds for a few months now possibly because of the calorie restriction and I've had high cholesterol all my life. Now, it's even higher since starting keto two months ago.

[Nicki:](#) It went from a total of 274 to 336. My HDL ratio went from 3.2 to 4.7. Triglycerides are now 106 non-fasting. I haven't had my A1C checked for a while, but it was 5.3 long before keto. I'm going to get my LDLP and fructosamine checked soon. Low carb and intermittent fasting has really helped me maintain my weight while avoiding trigger foods. I went full keto two months ago because the hunger control intrigued me. It's gotten much more tolerable, but I still get hunger pangs for breakfast and afternoon snacks daily. But for the first time in my life, my very hormonal acne has cleared up from keto." That's awesome. "Now I took the test after two months of keto and aced it.

[Nicki:](#) Every day of the challenge my glucose was similar to your wife's, even the day I ate a doughnut. My question is why am I doing this whole low-carb thing? I guess no pimples and no trigger foods is a good enough reason, but my question is are bad carbs even that bad in my case? Maybe my insulin response is a different picture as my weight seems to come back easily with carbs, but it sure makes resisting cravings difficult now that I know my glucose response will be fine if I have a doughnut. I'll go back to my usual mild ketosis within a few hours if I can manage not to eat again soon after. Any tips? Has your wife changed how she eats now that she knows her blood glucose will fine with most anything she eats? Thanks so much for your response."

[Robb:](#) How old have you navigated this stuff knowing that you have more latitude than I do or many?

[Nicki:](#) Right, because I don't feel the effects of a heavy-carb meal. I don't feel foggy-headed and vision changes or any of the things that you and some other people get.

[Robb:](#) You've mentioned that if we do a Mexican food bender where you do the tacos, and the rice, and the beans, you'll be like, "Eh, I don't feel great."

[Nicki:](#) I don't feel great. I mean I recovered pretty quickly, but I don't feel great. The main reason why I still eat this way is because, gosh, even though my blood glucose level isn't rising, there's tons of research that shows if you keep your sugar levels low, you age better. You feel better. I'm 41, and I wanna be able to do the things that I do now. Hopefully, even more things when I'm 61 or 81. For me, it's an aging-well thing. My mom had autoimmune disease. She had rheumatoid arthritis, and hip problems seem to run in my family. I feel like eating well and trying to maintain mobility in my hips, it's a big deal for me. I guess you gotta figure out what your reason is but acne. I had acne growing up. All of my uncles and my dad have those kind of pitted scars from acne on their face. That's a big deal for me as well. Gosh, I don't know.

[Robb:](#) In *Wired to Eat*, when I discussed this, we used those seven-day carb set as just kind of a ... Here's the deal. The vast majority of people don't respond like you guys do. There is the basic thing. *Wired to Eat*, ironically, was basically a funnel to move people into a ketogenic diet, but we fucked up by not saying the sneaky way to a ketogenic diet or something like that because keto is so hot and everything. As usual, we're 10 years ahead of what is actually relevant. Jermaine was trying to talk about metabolic flexibility and provide something other than completely hard, fast-lane lines like, "Only do this and go to town." But the thing is, most people don't respond this way, even the people who do respond more the way that both of you apparently do. In general, what's her name again?

[Nicki:](#) Erica.

[Robb:](#) Erica alluded to the fact that she has disproportionately good appetite control doing else. Now, Louis has talked about how he had disordered eating on both the anorexia and bulimia side of things. There's just a disproportionate appetite, not that I don't wanna split, into spontaneous eating control that occurs on the lower-carb side. Lower carb can mean a lot of different things depending on what person we're talking about. It doesn't necessarily have to be keto. That can be different from person to person. I think what it tells you is that if you want to kick your heels up once in a while, it's probably not gonna be nearly as catastrophic as when this really. I mean, literally, I do something like that and I get blurry vision changes.

[Robb:](#) I feel horrible sometimes for a couple of days. It's not from gluten. It's just from these really crazy blood sugar excursions. They get up into the 190s. There are a lot of people out there in the physique, evidence-based nutrition seen that just fucking dismiss this stuff. These guys are, in my opinion, borderline, worthless, heading towards dangerous. There's no thought towards the ancestral context of what a safe blood sugar excursion actually looks like. Some work that Stephen Granner did. It suggests that even an oral glucose tolerance test type story in a metabolically healthy individual is half the total blood sugar excursion of what we get in most westernized populations or what we accept as normal. Somebody quoted a number the other day.

[Robb:](#) It's a major health organization. I'm blanking on the name of it, but it said that fewer than 12% of Americans are metabolically healthy. That's using modern standards. If you use the standard of ancestral health, I don't think fucking anybody is metabolically

healthy at this point. You and maybe Erica and two or three other people like [inaudible 00:08:00] maybe, but that's it. There's not that many people that they can plow a big plate of tubers. I'm being a little dramatic. There are people that do do better or fine on these levels, but a lot of people don't. The vast majority of people don't. Having this tool here is just an opportunity so that people can do a self check.

[Robb:](#) What we've noticed also, is it on the coaching side, the coach can go into their practice in a diet-agnostic scenario when they're first working with someone. They're like, "Hey, I don't know. Let's just see what happens." It's like the far side cartoon with the two deer. The one deer has a bull's eye and he's bummed for birthmark, man. The coach then or the doctor or whoever, they look at the person. They're like, "Well, gee whiz. We talked about your blood sugars. If they go here, then that's bad." It's almost the person leads their way to this person process. They're like, "Okay, I either need the different carbs or fewer carbs, or face the consequences."

[Nicki:](#) That's the eye opener.

[Robb:](#) That's the big eye opener. It offloads the responsibility from someone like me being the bad guy

[Nicki:](#) Telling you what to do.

[Robb:](#) Telling you what to do.

[Nicki:](#) I see. Gosh, I don't do well with this. I need to judge it.

[Robb:](#) Erica, that was way out in the weeds. We have a tendency of doing that. Particularly, I've noticed like our first answer is all over the place and super comprehensive. Then, by the last answer, what? Oh, God, just be done with it. I mean, you probably have some more latitude here. It sounds because of the disordered eating and other things. I would just keep an eye on whether or not these kicking-your-heels-up sessions. Do they lead into problems that then it takes you a while to reel it back in? Or is it you're out with some friends or some Mexican food. You had some beans, rice, and churro. You're like, "Damn, that was great." Then you're just back on point the next day.

[Nicki:](#) If you can do that. Some people will have those extra things, and then they want more the next day, the next day, and the next day. Again, it's individual too.

[Robb:](#) Incredibly individual.

[Nicki:](#) You're out with that stuff. Our next question is from Tom on beer and blood sugar. "Robb and Nicki, thank you both so much for the work you do to educate the Paleo keto community. I've been paleo for nearly six years now and keto for two due to a suggestion given me after having a colectomy and still not feeling good. The results I've experienced are nothing short of miraculous. This has led me to become a huge advocate for the lifestyle, and to share it with anyone who will listen. I do heating and air conditioning service, which affords me the opportunity to share to many people. My question is this, you mentioned many times that we should do as many an equal one experiments to see what works for us individually. I have been keeping tabs on my blood sugar's blood pressure, oxygen and heart rate levels, as well as several clinical blood tests.

[Nicki:](#) I don't visit the doctor very often since all they wanna do is shrug drugs in me every time I go in. Over the years, I've been able to hone in on the majority of foods or lifestyles that made me feel good and the ones that make me feel not so good. That said, I want to pose a question to you. I've done this test over and over, and I'm very shocked by the results. If I have a typical dinner with a salad or veggies, some meat then pair that with low-carb Weiner tequila lemon soda water, both very low carb drinks, my blood sugar's will be somewhere between 130 and 180 two hours later. However, if I have beer, typically dark, because I prefer the porters and the scouts. Check my blood sugars two hours later and usually below 100.

[Nicki:](#) Sometimes as low as 80 or 78. I have tested these variables over and over throughout this past year. Yes, I like my drink, and I get the same results. However, I have noticed that the lighter beer such as ales or lighter APAs do not keep my blood sugar's quite as low. Do you know of anything that might explain this phenomenon? I have many more questions I would like to ask you, but I'll leave it at this one for now. Again, thank you both for all you've done and are doing to keep this community going. My son keeps telling me that I should start my own blog and podcast to help spread the word about this lifestyle. When he does, I always mentioned that I have no definable credentials such as yours. I'm not convinced anyone would even listen to it. Instead, I point him and many others to your podcast and website along with Chris' and Mark's. You're all very educational in the cornerstones of this community. Keep up the good work."

[Robb:](#) Well, I'll just throw out there that possibly the smartest person I've encountered in this space and someone that knows metabolism far better than I do is an H back. Guy, Mike Julian. Mike is a fucking genius. Don't count yourself out. Although, I think he makes pretty darn good money doing that. It mainly keeps the people like myself who were supposed to be experts actually on point with what we're talking about. This is really interesting. I don't know if Squatchy puts together these batches of questions. Then I read through them, and we tried to get some show notes were appropriate. I know there was some questions around blood sugar levels and alcohol. I don't know if we did it already.

[Robb:](#) It's going coming up, but there's this wacky phenomena were alcoholics tend to have very low blood sugar levels and very low A1C levels, because the alcohol tends to suppress blood sugar production. It's oxidative prioritization stuff so it's interesting, but I don't know why we would see that. In this case, my only thought is that there may be some an antioxidant effect going on with the beer that maybe it's mitigating a stress or inflammatory response, whereas with most people, they might get a stress or inflammatory response. In this case, maybe not. I mean, the fact that we're going, if I had initially seen this and somebody just said, "Hey, when I eat XY meal with alcohol versus without alcohol. With alcohol, the blood sugars are lower, assuming that we're doing sugary Margarita drinks or something like that. But those the alcohol meal is lower."

[Robb:](#) Then I would say, "Oh, this is some of the alcohol dehydrogenase, oxidative prioritization stuff that happens in the liver." That's not the case. We're comparing alcohol to alcohol. I'm guessing on this one that there may be an antioxidant effect with the beer. They do have antioxidants in there. It could be in the darker beer [crosstalk 00:14:24].

[Nicki:](#) Do dark ones have more?

[Robb:](#) It will absolutely have more. There could be an effect there. I'm actually gonna float this one by Chris Masterjohn and see what he has to say on that. It's perplexing. This is definitely loving a dart over the refrigerator and hoping that I get something.

[Nicki:](#) People love darts over refrigerators.

[Robb:](#) If you're a kid, and you have friends on the other side of the refrigerator, I'm thinking more refrigerator box particularly.

[Nicki:](#) Okay, wrong way.

[Robb:](#) He's been shaken us down for that. This is for literal world that I live in, or any attempt, [crosstalk 00:15:03].

[Nicki:](#) There's usually a wall or cupboards behind there above. Where does the dart go? Never mind.

[Robb:](#) It's a refrigerator box. It's been shaken us down to get into refrigerator box. She can build a castle or whatever she's gonna do out of it [crosstalk 00:15:16] because I'm struggling currently to just string two sentences whatever I can. I failed on that. More coffee and we can launch it on the next one.

[Nicki:](#) Moving on to Gregory's question on high morning glucose on a low carb, high fat diet. "Hi, Robb. I really appreciate what you're doing. I'm a great fan of your podcast. I read the transcripts. Anyway, to the point. After I cut off grains, sugars, sugar, legumes, and so on, my fasting glucose went high. On average, it is 95 milligrams per deciliter, mostly between 90 and 100. You mentioned this subject in your 385th podcast with Shaun Baker, one of my favorite podcasts on your site. But I didn't feel it was fully addressed and explained. I have a graph for about 15 years with measurements here. Around 2010, I turned paleo low carb high fat. Recently, I've measured my fasting insulin level, and it was 4.9.

[Nicki:](#) I have also measured my glucose levels for one typical day. It was very stable between 90 and 109. Here's the graph of that. The orange vertical lines are meals. I eat only twice a day. I know I'm no diabetic. I have no health issues except two to three mild autoimmune diseases, the symptoms come and go. Is my quite high fasting glucose anything to worry about? I have a friend following quite similar diet and lifestyle. His fasting sugar is around 70 to 75. Does my 95 milligrams per deciliter fasting sugar have negative impact on my health, aging speed and so on? If so, can I do anything about that? Thanks for taking your time."

[Robb:](#) Yeah, couple of things on this. The dawn phenomenon tends to be where people see this significantly. In the morning, we get a little bit of a cortisol release, helps us get going. That will definitely elevate blood sugars, and perhaps disproportionately in some people. This is where triangulating in on this is helpful. We've got some fasting blood glucose levels, which is okay but it's very snapshot. Now we wanna start thinking about, "Okay, what is this thing look over time." It sounds like Gregor tracks this over a day, but still we wanna know weeks, and months, and stuff that. That's where A1C, fructosamine can help us triangulate in on this. If fasting blood glucose seems to be consistently high but A1C is normal, then we're okay. Not a big deal. We're not getting complete excursions that are problematic. They're not high old time.

[Robb:](#) If we have fasting, elevated glucose, high A1C then we start getting concerned. This is still where we need to fall back on the fructosamine because the fact that you're reading low carb means that red blood cells can live longer, and we can get an artificially elevated red blood cell number from the A1C. If we have a scenario of high-fasting blood glucose, elevated A1C but a low normal fructosamine, then what that tells us is we're getting some dawn phenomenon. The A1C is a consequence of red blood cells live in longer. The A1C, to some degree a little bit the linchpin thing that we're gonna look in that scenario. Beyond that, some people notice, again, supplementation with electrolytes, particularly sodium can help this.

[Robb:](#) If we're running a little bit sodium deficient, we tend to to have an elevated blood glucose response. There's all kinds of mechanistic reasons for that. Some people just find that really interesting reintroducing 7500 grams of carbs, ends up on average dropping their total blood glucose over time. Because, again, this is something that gets lost repeatedly in the low carb scene. It's funny. People will freak out about the dangers of too much protein kicking you out of ketosis, but then if they see some elevated blood glucose levels, they're like, "I'm eating no carbs. How can my blood glucose go up?" If you are a adrenalized, if your sleep is poor, elevated cortisol, then you can have elevated blood glucose levels just from dumping stuff out of the liver.

[Robb:](#) A couple of things to do, I would get the A1C and fructosamine and see what those look like. If both of the A1C and the fructosamine look good, as we described here, then I wouldn't really worry about it. Clearly, you're tracking to the pants off this thing. Just keep tracking it and make sure it doesn't go anywhere squarely from there. Beyond that, if you want to try to nudge things, I would definitely make sure that you are 100% on point with your sodium intake. Marty Kendall just did a great piece on this for Optimizing Nutrition. Maybe I'll try to remember to get that in the show notes. It literally just came up this morning. Then drink LMNT. Our website talks about that a ton. Then finally, reintroducing some carbs. Those are the things to pressure test this, and see which one is working best.

[Nicki:](#) Cool. All right. Let's see. Our next question is from Andrea on a paleo approach to skincare. "Robb, do you have any advice about skincare such as use of any daily moisturizer or other products? I don't use daily sunscreen because I tend to have low vitamin D levels, but I use it if I'm going to be outside for an extended period of time. I'm approaching 40, and only use a bit of jojoba oil. I can never know how to pronounce, jojoba or jojoba oil as a moisturizer. I wash my face with bar soap, not the antibacterial kind. I'm not sure if my minimalist approach is the way to go. Maybe your wife has some experiences with products for women. Thanks."

[Robb:](#) You do. What's your fave.

[Nicki:](#) Gosh, I'm super minimalist with my skincare routine. I'm sure there's lots of opinions on this, but just what's ended up working for me. When I was a kid and going teenager, I used all kinds of acne soaps and products and whatnot but I've default it now to just basically water. I literally wash my face with water. I don't use any soap, and then moisturizer. There's two brands that I absolutely love. One is Annmarie skincare. They have a whole suite of products. The one that I love, love, Love is our dear friend, Jessika Le Corre. She has a company called Feather, Eagle and Sky. Her beauty face oil, it's amazing. It smells so good. It's just all natural. It's rosehip oil, I think argan oil. Maybe some sweet almond oil, stuff like that. It's smells great, it feels good. It's one of those things where you put it on in the morning and you inhale and it just sets your day right.

[Robb:](#) I guess a little ceremony too, a little first key after she lathers herself up with that.

[Nicki:](#) She has some sunscreen products as well both for face and body on her site. That's just Feather, Eagle and Sky. I highly recommend following her on Instagram. She's just a beautiful person. Her posts are just-

[Robb:](#) Totally on point.

[Nicki:](#) That's really all I got because I don't really ... I'm not a makeup person. I tried. I tried, but I just failed there. Anyway, I hope that helps. I'm 41. It's for the last, gosh, I don't think I've used. I've just been using water and some face oil as a moisturizer for years.

[Robb:](#) I would just add to that. I think that the bulk of skincare comes from internal processes. Circling back around to the first question we had today about blood sugar excursions and whatnot. If you are experiencing elevated blood glucose levels on a consistent basis, by elevated I mean above ancestral levels, which is way more restrictive than what we're generally accepting as normal within our westernized populations, you are going to age faster than what you otherwise would. Talking about wrinkles and liver spots and all that type of stuff, they're basically advanced glycation end product results. Some of it is sun exposure. A ton of it, though, is glucose-caramelizing proteins effectively and lack of antioxidants, lack of fasting, lack of autophagy, beating up on autophagy, but this is one of the reasons for not eating every day all the time.

[Robb:](#) Making sure you get your sleep so that you stimulate that whole restoration process, but I just about got fired out of whole foods. I was working part-time at Fred Hutch Cancer Research Center, part-time running the herb binding section of the nutrition deal at the Roosevelt store in Seattle. People would come in, and they would ask for all the skincare type stuff. I'm like, "Listen," so I would hook them up with a protein power life plan book. Welcome over the meat section, have them buy all the stuff. Get a little bit of alpha lipoic acid and a couple of other antioxidants. It was maybe 80-90% of them were mom with a daughter who had acne. Both of them were concerned about this stuff. The mom's issue's different than the daughter's issues. I'm like, "Trust me. Do this for one week. Come back."

[Robb:](#) They were like, "Oh my god," so they were eating olive oil and eating low carb and all this stuff. Then the the face care person was getting absolutely livid because I wasn't selling any of that shit. I think that there's good stuff, but it's just disproportionate how much impact that diet and sleep, and all that stuff has on the story versus putting something. Think about it. The skin is designed to be largely impermeable to the outside world. Not 100%, but the things that do soak through the skin are lipid-based. It can be a route to getting toxicants into your skin. Tiolene and gasoline and stuff will go through the skin because it's lipid-soluble. You have a very modest effect with something on the surface like coconut oil. Our girls get dry skin. We'll put coconut oil on them. It will help sealing the juices and all that stuff. But still, I think for the most part, tackling diet is really the way to do this.

[Nicki:](#) Let's see. Our last question for today from Channon.

[Robb:](#) That's looks right, Channon.

[Nicki:](#) From Finland. "Greetings from Finland. I love your work. Thank you for everything you do. I really like your stance on the carnivore diet as you discussed it with Mikhaila Peterson. Let's not become vegan zealots about it. I've been eating 70 to 80% carnivore

for six months and feeling mostly great. Mostly because it's not all great, which brings me to my question. What is your sentiment about the toxin release from fat tissue during weight loss? Is it real? What is the science say at the moment? Have you heard any connections with joint pain and arthritic pain or nausea with weight loss-induced toxin release? I'd love to hear your thoughts."

[Robb:](#) Yeah, I mean it's interesting. It's one of those things that, again, if you were to pass this one by the evidence-based nutrition scene, for the most part, I think that people would scoff at it. But as we just talked about briefly in previous question, a lipid-based toxins go through the skin more effectively. They store preferentially in the fat tissue. If somebody is offloading a signal good amount of fat, there can be a toxic effects. Some of that can even be the skewed omega three, omega six balance really gets exasperated during that time. Yeah, this is a real thing. There's not a ton of research on it. There is some research where they actually look at some of the the metabolite endpoints for different common environmental toxicants that are known to accumulate in the fat, and looking at urine, fecal, and I think, to some degree, breath release.

[Robb:](#) It's elevated in people that are losing significant amounts of fat. It's not accepted science, but the theory makes a lot of sense. I would say that we have enough anecdote there that it's probably yes. This is a thing. What do you do about it is a good question. Some liver support like alpha lipoic acid, Jarrow Formulas has a slick liver support formula that has milk thistle, alpha lipoic acid, selenium, and a couple other co-factors that are involved with multiple angles in the liver detox pathway. Getting some fiber. This is one of the valuable spots for fiber if a process like this is going on, because bile salts do associate with fiber.

[Robb:](#) If those are pulled out of the feces and not reabsorbed, then the fat-soluble toxicants that may be in the bile salts actually exit the body instead of getting reabsorbed. There's maybe some arguments there. Then, some of this is just you gotta ride it out until you reach that weight loss goal. Then, that should, in theory, be less of an issue.

[Nicki:](#) All right. I think that was our last question for the day.

[Robb:](#) Anything else?

[Nicki:](#) I don't think so.

[Robb:](#) Okay, check us out on Instagram @dasrobbwolf. Sign up for the YouTube channel.

[Nicki:](#) Our YouTube channel because we drip these questions out one at a time during release week. If you have questions, go to robbwolf.com and you can submit those on the contact page.

[Robb:](#) Cool. Awesome. Thanks, wife.

[Nicki:](#) Yeah. Thanks, hubs.