

Robb: Welcome back wife.

Nicki: Welcome back, hubs. Your tag is sticking up. Let me fix that for you.

Robb: Well, it's in the back, so it doesn't really fucking matter for this context.

Nicki: I can see it. All righty. What's new?

Robb: Well, this is one of the interesting things about marriage and spending 15, 20 years with someone, it's always interesting what the triage and prioritization of important things turns out to be. We're different, which is good, which means that we have a different fresh set of eyes always available to look at a challenging scenario in a different way.

Nicki: Well, your tie wasn't a challenging scenario. I'm just staring at it, so I just decided to tuck it in and I verbalized it, and now people get to listen to this. So-

Robb: Hey, people are always asking me about the inner workings, which I have no idea why. Like the inner workings of their own lives are probably as fucked up as ours, so.

Nicki: All righty, should we jump right into-

Robb: Or less so.

Nicki: ... our questions?

Robb: Yeah, totally.

Nicki: Okay. Let's see, our first question in this week's episode is from Christian on arterial plaque buildup. Christian says, "Hi Robb and Nicki. I was wondering what your opinions were on stopping or reducing arterial plaque buildup. Isn't that one of the big reasons we're obsessed with things like cholesterol as a society? I know at one point Dr. Rocky Patel had stated he had significant reversal in his carotid artery after a few years of carb cycling. I know this question is an absolute minefield of personable variability. At age 40, and a lifetime of combining things like shitty high omega-6 oils and highly processed carbs, my new goal is to enjoy retirement." At 40, that's awesome, Christian.

Robb: That's a good time to decide that you want to live, yeah.

Nicki: That's funny. Retiring at 40, that's awesome. "My blood pressure has crept back up since falling off the low carb, carb cycling wagon at my new job." Okay, so maybe you're not retired. "I don't really think CBD is in too many branches of my family tree, but I always excelled at bad lifestyle choices. I would love to hear what your current thoughts are on this. I started following you in 2011. Absolutely love your work. The more suggestions I take from you the better my health gets."

Robb: Awesome. That's cool. Clearly, I wouldn't follow any of my recommendations on relationships or spousal interaction. Man, the cardiovascular disease topic is a big deal. It's a massive story to unpack. I sit on the board of directors of a lipidology clinic, and this is kind of like ... we're earlobe deep in this stuff all the time, and it's ... What's crazy is billions and billions of dollars have been spent on this, and we still don't really have a great story around it. I will diverge a little bit. I've been listening to the human performance outliers podcast with Zach Bitter and Sean Baker, and it's great. They had a back to back series of shows with a couple of cardiologists, and that was outstanding.

Robb: And what's interesting about that is if we go back and look at the efficacy of antibiotics, if you had some sort of a septic event or something like that, infection, sepsis, strep throat, a lot of these things were fatal, and so you could've had a benchmark of, okay, if you have this septic event, 90% of people, 95% of people are going to die. Whereas if you then intervene with antibiotics, something like 98% of people will not die.

Robb: So the efficacy was so incredibly powerful, and now we, the health care providers and the drug manufacturers, it's still contentious, to some degree, whether or not statins really provide much of any benefit, but to the degree that they provide benefit, it's in a tiny cross section of people. It's kind of like a wind blowing on you, and you're like, "Oh I think that that cooled me," versus you're on fire and somebody doused you with water or something.

Robb: So it's fascinating to me that we've spent so much money trying to deal with this problem, and there's some benefit that's occurred, but without a doubt, diet and lifestyle's kind of where the rubber hits the road on all of this. And the best understanding of cardiovascular disease, this vascular occlusion process is that it's a multi-factorial element, like LDL, lipoproteins, LDL cholesterol clearly play a role, but Peter Attia was the first person that I heard use this point which was that it's necessary but not sufficient for the cardiovascular disease process, and so if you didn't have LDL lipoproteins at all, you probably couldn't develop cardiovascular disease, the occlusive cardiovascular disease. You would die from all kinds of other stuff, but it's a piece that needs to be in the mix, but immune stimulation, blood pressure, non-laminar flow, inflammatory status, blood sugar deltas.

Robb: So there's a lot that's going on there, and again, there's so much going on that sometimes I ... Occasionally, we might even break out, I might do a slide or two ahead of time on some of these things in the future. We'll see because more people are watching these things online, so that might be helpful, but ... So, on the one hand, we could have atherosclerotic progression over the course of a lifetime, but so long as we don't have a clotting event occur, we're not going to die from that. It's the clot formation that you know ... and it's kind of a combination where the vascular lumen starts shrinking, so a smaller and smaller particle could-

Nicki: Could cause a clotting event.

Robb: ... could cause a clotting event, but then what's interesting within that is that there's a pretty good case to be made that most stroke and heart attack events, when there is a clotting event, happens at the tail end of a blood sugar drop. So blood sugar goes high, presumably after a meal, and then when it drops, that causes a pro-inflammatory environment and that that may be a big part of this thing.

Robb: So it's unclear ... there is material that suggests that vascular occlusion may reverse under circumstances of a low-carb diet. We don't remotely have enough data to support that. It's incredibly anecdotal, there's all this fanfare around the Dean Ornish intervention where they had people stop smoking and they exercised and they meditated and they went on a low fat vegan type diet. But of course the only thing that matters is the vegan diet on that. And something that has to be pointed out in that scenario is that the degree of change, the degree of improvement is smaller than the error of the testing that is used, so it's fucking bullshit, but it's ... Yeah, man. I'm all over the map here. Help me, wife. Help me Tom Cruise.

- Nicki: Well it sounds like you're saying, he's at a new job, his eating has kind of slid a little bit, but you're saying one of the biggest things you can do is avoid those blood sugar deltas.
- Robb: So the blood sugar deltas are huge. Blood pressure is huge.
- Nicki: So he said his blood pressure is snuck back up.
- Robb: Okay. So we definitely need to address that. And the way that you address that is with, in general, a lower carbohydrate intake, or a modification of the types of carbohydrate. That non-laminar flow where we get turbulence in the vascular system, that's where we get plaque formation. We do not, no matter how screwed up people are, even in familial hypercholesterolemia, the veins do not develop atherosclerotic lesions. It's the arteries. It's the pressurized systems that can damage the vascular lumen, and I hope I'm right about that, familial hypercholesterolemia, I'm pretty sure I'm ... I still think that only occurs on the arterial side. If I'm wrong, then I'll be crucified and fucking at the stake in the interwebs.
- Robb: But the point being that the vast majority of vascular atherosclerotic progression happens in the arteries. This is the case for making sure that you get your low dose cardio so that the kind of maffetone pace, because it increases the capillarization throughout the body and that tends to provide more buffering with regards to the laminar flow.
- Robb: So it's funny, again, how low carb-diets tend to fix a bunch of different problems. It decreases inflammation. It removes the blood glucose delta. It drops blood pressure. So the likelihood of non-laminar flow is less. Now, one of the problems that can arise in that scenario is that LDL lipoproteins can go up, which ostensibly is one of the main factors that can be at play here. One of the doctors that was on this performance outliers podcast mentioned that he would use Zetia occasionally, which is not a statin, but it drops the reabsorption of cholesterol in the gut and so this can drop glycoproteins. And so he'll use that as a bridge for some people who are really inflamed, clearly dyslipidemic and insulin resistant and all that, but he's a little nervous about the potential of worsening the lipoprotein scenario until their inflammation and blood sugars and all that stuff normalize. So he'll use Zetia for a couple of weeks and he feels like that's all been good.
- Robb: Real quickly on the screening that you can do, a CIMT, a carotid intimal media thickness scan which is an ultrasound process, that's a great thing to get as a baseline. It doesn't really matter so much what that number is. It's something that can be easily tracked over time. And this is the thing that I believe Rocky saw, a regression ... or he saw an improvement, where it looked like it was really nasty when he was eating a standard American diet, and then he went cyclic low-carb, doing the carb night, his lipoproteins went to the moon, it was like 3,000 on the LDL particle count, but then his, according to his CIMT, that improved.
- Robb: There's still this question, though, is he free and away? We don't really for sure know. There's some suggestive things that stuff's improved. One of the other important things that folks can use is a coronary calcium scan. Generally, you want a zero. Coronary calcium scan of zero says that currently, there's not really cardiovascular atherogenic progression. There's some suggestion that we can see improvements on that over time, but again, it's ... There's error within the readings, and I mean it gets hard to really suss all that out.

Nicki: Do you know, is that something that you can just go to your doctor and say, "I want this?" Or you have to already show signs of disease progress?

Robb: That's the interesting thing. Usually you need to already be sick and then, and this is some of the stuff that these cardiologists were talking about, people will come in ... they'll come in with a cardiac event. They have an MI, they survive, they get a stent, they do all that stuff. And then, so long as they're motoring along asymptotically, then their insurance really is reticent to have them go in and be rechecked with the scans. And so then it's an out of pocket thing, and this is why I really advocate for some market based signaling within health care system, which we'll drop from six listeners to two listeners by throwing that one out there, but yeah this is one of the things ...

Robb: You know what, fuck it. I don't really care if we drop down to two listeners, at least it's the two smart people and not the four fucking dumb people, but if you really want freedom in your food systems, if you really want freedom in the way that you approach medicine and whatnot, and I'm not saying that there's absolutely no social safety nets involved, but things like health savings accounts allow a market based intervention where I can go and pay for a procedure like this and advocate for myself, and then there's legitimate transparent market based signaling, the prices tend to come down, people compete. If you look at Lasix, if you look at other elective surgeries like plastic surgery, all that stuff follows these models, but people just freak the fuck out when it's health care. But this is part of the problem that we face and I'll tell you, the folks in the UK consistently will say, "Well, it's really hard, because I would like to get my LDLP checked," or, "I would like to get this checked or that checked." And within the NHS system, either that test doesn't exist, or they can't do it because they're not sick enough yet to warrant the thing, so it's really, really hard to get in and advocate for yourself under those circumstances.

Robb: So, again, political soap box. Those are real popular these days. You don't find yourself in a fight at all with that and God, how did this turn into this long of an answer? Christian, hopefully this was helpful, you're like, "Oh man, the more stuff that I bring into your life the better your life is, but this is probably where it diverges." But reduce your carbohydrate intake, improve your sleep, really monitor your blood pressure. I would get a CIMT and a coronary calcium scan just to establish a baseline. I would get your LDLP checked, LPIR score, you can get that through Specially Health, Robb Wolf, Specially Health, do a search. You can find the web page for getting that stuff ordered.

Nicki: We'll put it in the show notes.

Robb: We'll put it in the show notes, and then that way you've got a really solid baseline if nothing else. Yeah, holy smokes, that was a long answer.

Nicki: All right, our next question is from TJ on exercise recommendations. TJ says, "I'm a new listener who absolutely loves your show, so I figured I'd write in and try to get my question answered. I'm 5' 11", 180 pounds, 19% body fat, give or take, and I'm looking to improve my physique. I would describe my look as just a bit more muscular than skinny-fat. I go to the gym three times a week for strength training and do light cardio once or twice a week just to stay active. My goal physique would be to add a little bit of muscle and trim some fat. I don't necessarily need peeling abs, but I'd like to look more athletic than I do now, if it makes sense.

Nicki: What rep ranges do you recommend for someone who just wants to look a little more toned and athletic? In my head I picture what Matthew McConaughey looks like."

Robb: Oh, doesn't everybody?

Nicki: "Or do you have any recommended exercises or routines that I should follow? I know that diet is key for any kind of body composition changes, but I feel like I have that down pat. Just want to get my workouts in line with what my goals are. Maybe I'm overthinking things. Love your show and everything you guys do."

Robb: No, I mean it's funny with this stuff, there's just a lot of different ways to peel this onion. Almost 10 years ago, I reached out to John Welbourn, I'm like, "Hey man, I'm really busy, can you set up a two day a week template for me?" And it was basically a vertical press, vertical pole, and then a hinge or a squat, horizontal press, horizontal pole, hinge or a squat or a lunge, and I do three to eight sets of three to five reps. In my opinion, the heavier weight but moving it rapidly, so if I'm doing some sort of a bench press type movement, I'll lower it under control, but then man I really move it because what I'm trying to do is activate the fast twitch motor fibers even though this is more of an aesthetics question. What is it, form follows function? And so you move weights in an authoritative fashion, if you're doing gymnastics and stuff like that, just kind of magical stuff comes out of the weeds with that.

Robb: So I tend to orient more on the heavier, lower rep side, a little more sets to accumulate the volume, but again ... So you've got three days a week, I can make a case for ... So vertical press can be a barbell press, it could be dumbbell presses, it could be see-saw presses, it could be rotating Cuban presses, there's all this variety within that. It could be handstand push-ups. So I do two to four weeks of one movement trying to progress things, so I'll hit 24 to 30 total reps on a movement. So if I'm doing five sets of five, then I'm right there. If I'm doing threes, then I do eight to 10 sets of three. And so I'm getting about the same amount of volume trying to get a weight that's heavy, but that I can still move-

Nicki: You don't want to be struggling.

Robb: ... and [crosstalk 00:17:38], yeah if you're struggling, then it's too much. You're going to burn yourself out. And then I'll do two to four weeks of barbell press, and then I'll shift to an alternating dumbbell press for that movement. For rowing I will do just TRX or [inaudible 00:17:56] body row for a couple of weeks, and then I may shift to alternating on that, where I'm trying to emphasize pulling one side or the other, and then I'll go to dumbbell rows. And then for horizontal pulling, it's neutral grip pull ups, reverse grip pull ups, but you know, pronated pull ups and then occasionally I'll just alternate pulling one arm.

Robb: So there's all this variety and you just tweak the variable a little bit. Squatting and deadlifting I'm kind of limited because of the back injury, so I get to front squat, I can do some Romanian deadlifts, I can do a little bit of trap bar deadlifts and then I do some weighted hip bridges. So-

Nicki: And lunges.

Robb: ... within those things. And then I use lunging, one legged squats and stuff like that to round stuff out. But that's how I do the press, pole, hinge, squat. I would do that two

days a week, and then maybe your third day is kind of like delts, tricep, bicep, calves, abs, go in and do an aesthetics thing and maybe make that day a little bit higher rep, more ... three sets of 10, three sets of 12. I think you could just crush that, and it should be super time-efficient. You shouldn't be in the gym a super long time, and then, again, you pointed out that in the background of this, you should be getting stronger, you should be building some muscle, but then at the end of the day, the leanness is really where you're going to see the physique come out.

Nicki: Okay.

Robb: That was a shorter answer.

Nicki: Thanks T.J.

Robb: I did better on that.

Nicki: Okay, we've got a question from Tamara on lifting from home. "Hello, I just love listening to you both. Robb, you have the most well placed F-bombs." Well, thanks to Christian's question earlier, that was-

Robb: We got a few of them straight out of the gate, yeah.

Nicki: That was a record of F-bombs. I don't know if they were all well placed, but hey. Anyway-

Robb: Always a critic. Always a critic.

Nicki: "I feel like I have my diet where it needs to be. I've been paleo since 2012, but keto for the past six months. I enjoy exercising, but I do it from home. I have five to 15 pound dumbbells, a bench, and a pull up bar. Do you know of a good lifting from home program or book? I have exhausted my own expertise and would like to change it up. Thanks."

Robb: Man, there's so many good things to follow, like the power athlete folks-

Nicki: They have online programming.

Robb: ... have multiple online programming on TrainHeroic. I'm trying to think of what else. I mean, there's just a ton of stuff out there and again, the previous question that I answered, I talked about the two day template that I've followed, and every once in a while, there's three days that I drop into it, but a ... vertical press, vertical pole, a hinge or a squat, horizontal press, horizontal pole, hinge or a squat-

Nicki: If you have rings or a TRX thing, you could hang that from the pull up bar and do your horizontal ring rows.

Robb: Yeah. And the dumbbell rows. You could get a great work out with the ... So she, again, she has dumb bells that go from five pounds to 50 pounds-

Nicki: Great.

Robb: ... and man, you could ... So single-leg deadlifts, double-leg deadlifts, using the dumb bell-

Nicki: Does [crosstalk 00:21:04] have any online programming?

Robb: I think Michael Rutherford might still have his online program-

Nicki: He does. He has-

Robb: [crosstalk 00:21:10] black box.

Nicki: And also a lot of dumbbell specific programming, which is awesome. All kinds of different types of lunges you can do with dumbbells, waiter walk, suitcase carries ...

Robb: So you can look him up, Coach Rut is his Instagram handle, but yeah, that's a-

Nicki: We can put a link in the show notes too, to ... We'll see if we can dig up anything that he has, and yeah. But he's just an awesome guy, great programming, so he would be one to follow.

Robb: But this is another good example where you don't need a ton of gear to get a fantastic workout. Lunging, front, back, side, all kinds of different presses, push presses, even on the previous person, doing a complex, like a bear complex. So you do a deadlift, like a Romanian deadlift-

Nicki: Deadlift.

Robb: ... off the floor, hang power clean, a front squat, stand up, a push press, a front squat, and then just repeat the cycle. And then, you can do a row in it, so one that I like to do is a deadlift, and usually I'll do five reps, then I'll hinge forward, do some rows, then I'll stand tall, do some hang power cleans, then some push press, and then I'll wrap up with front squats. And so, you could have one day a week of vertical press, vertical pole, a hinge or a squat. The other day, horizontal press, horizontal pole, a hinge or a squat or a lunge, and then you can do a third day that you just set a timer and do complexes. And that's a really fun workout and you get great full body integration, like they're actually a ton of fun doing those.

Nicki: Cool. All right. Our next question is from Cole on fats and protein. "Hey Robb, I really appreciate all that you have contributed to society. I recently finished your book, Wired to Eat, I have question in regard to fat and protein. How do I test my reactivity with different fat and protein sources? How many grams of fat or protein do I test with? Thank you, and I appreciate all you do."

Robb: Man, that's an interesting question, and Mike Julian, Rick Passmore, Artie Dikeman, a bunch of the dudes that are in the low-carb scene, but the ... Tyler and Louise. They really ask some great questions around this, and with fat specifically, I remember there was a period of time when we, I was mainly watching because these guys are way fucking smarter than I am, but so we have an oral glucose tolerance test, and they were making the case that we should have an oral lipid tolerance test, where you give people a given lipid like oleic acid or something and you'd have to figure out how exactly you'd do this because glucose is just glucose, whereas fats are typically a mix of different lipids. But then how long does it take to clear that? And that there would be some suggestions about how metabolically flexible and healthy you are and all that stuff. Because in the same way that you don't want huge amounts of carbohydrate spiking in the bloodstream and also hanging out a long time, we really don't want huge amounts

of lipids in there, too. To my knowledge, other than in University and research settings, nobody really does a lipid clearance test, so I have no idea how you would do that.

Robb: And then on the protein front, I have two thoughts on that. One is more the blood sugar type response. Some people do notice that when they eat a decent whack of protein, that they feel hypoglycemic. So when we eat protein, if it's a legit chunk of protein, we should release insulin to allow sequestering the amino acids into cells. But we also release glucagon which generally should give you a little bit more of a bump in blood glucose than what you drop from the insulin release.

Robb: Now some people that maybe have pancreatic problems from inflammation, they're almost like a type one and a half diabetic, some of these people will notice that they have some blood sugar dysregulation as a result of eating protein as an isolated source. Not super common and there are some things that can be done to try to mitigate that, but again, I'm not really too sure. This is more of a diagnostic of when things have-

Nicki: Do some people just notice that they feel ... I mean we have friends that feel bad when they eat chicken.

Robb: Right. So that's the other piece-

Nicki: So is it more of an objective-

Robb: So this is the other piece is the immunogenic side.

Nicki: Okay.

Robb: And this is, within Wired to Eat, part of why I recommended not just looking at the carbs, but as we started reintegrating whole meals, being aware of, "Are you foggy headed? Do you have a rapid heart rate?" Like all this other stuff. So there's potentially the immunogenic piece, and then also the blood sugar piece. But I would say those are ... they're rare. They're really out in the weeds, it's kind of the last 2% of people or something like that, I don't know what the real number is, but Cole, really good questions, but on the lipid clearance story, there's just not easy ways to do that. It's not generally done. I wouldn't be surprised if it's something that is done more in the future, and then on the protein front, unless we are experiencing overt hypoglycemic symptoms as a consequence of eating a protein, then we start asking some questions around, "Is pancreatic function on point and/or do we have an immunogenic response?"

Robb: So for ages, I had eggs all the time, and I would feel like shit until about noon, and then I started asking some questions, like, "I wonder if I react to eggs?" And I would cut the eggs out of breakfast, and lo and behold, I felt better, and I'm pretty sure that that was an immunogenic response, and completely unbeknownst to me, your dad has a GI response-

Nicki: Yes, he does [crosstalk 00:27:18]

Robb: ... I had no idea that he did, and he's like, "Oh yeah, it's been that way for years." I'm like, "Nicki's dad is kind of like Wolverine, like he's hard to kill." The Wolverine thing, oh we're going to get some good mileage on that. Keep your eyes open. Some people just doing some douche baggery around the whole Wolverine topic, but we'll let drop a little bit there.



Robb: But her dad's generally metabolically healthy, he eats low-carb paleo, but I didn't know that he had reactivity to eggs, and he gets foggy headed and all that stuff.

Nicki: No, I think it's straight to the bathroom.

Robb: And he mentioned that he gets foggy headed too, yeah.

Nicki: Okay.

Robb: Or you can contradict me again so that I don't have an opportunity to make a nice, succinct point that makes sense and that people have some takeaways-

Nicki: Yeah, that's my job.

Robb: ... yeah.

Nicki: All right, last question for this week is from Josh. "I can't reach the recommended calories per day." Josh says, "I'm 45, 165 pounds and six foot one. I work out three times a week, hand weights and hit, I'm a lean frame and lean muscle which is typical for me, although I'd like to add more muscle. Minimal body fat thanks to a low-carb paleo diet, down from 212 pounds." That's great. "However, when I count up my daily calories, I'm always short for the recommendation for my age weight at around 1,500 calories. I eat to satiation at three meals a day. I never feel hungry and I could even skip meals with no problem. I snack on Epic Bites, but that's it. My question is, should I force myself to eat more even though I don't want to to hit my calorie recommendation, or listen to my body and not worry about it?"

Robb: Man. That's a good question.

Nicki: To add more muscle, does he have to eat more?

Robb: You're going to have to eat some more, but I mean just-

Nicki: Just [inaudible 00:29:03]

Robb: Yeah, I mean ... this is the point. This is the place where, let's see you're eating three whole meals a day, it's low-carb paleo, this is the spot where a bullet proof coffee or a bunch of whole cream in coffee, this is where the liquid calories can be valuable. I remember when I was ... we were both into Olympic weight lifting and I was trying to add some body weight and this is where I would do three cans of coconut milk a day and do curries and just eat that whole thing.

Robb: Now, it was a lot, and I definitely wasn't hungry very often and all that type of stuff, but each one of the cans of coconut milk alone was 1,000 calories, so I got 3,000 calories just in the background right there. Plus the protein and fat and the veggies or whatever, little bits of fruit and stuff like that that I was doing. So I was like 3,800 calories, no more than that, it was like 4,200 calories, now that I think about it.

Robb: That's a thing. So this is the place for some liquid calories, adding some coconut oil or some butter or more olive oil to the meals. You've just got to add more liquid calories. This might be a case for adding more sweet potatoes or yams or something because

with a little more carbs, you tend to be a little hungrier. And so you have an opportunity to eat a bit more.

Robb: There is also a reality that when folks get pretty dialed in to this lower carb way of eating, they don't need as many calories. Which is, I think, part of what you're experiencing. But you also may not need quite as many calories as what you think to be able to gain some muscle mass over time.

Robb: If you're on point with your protein, getting at least a gram of protein per kilogram of lean body mass and then doing smart progression in the weights, if you're getting more total volume over time, more load and whatnot lifting heavy weights and getting stronger, you will gain muscle mass. Like he's six one, 165 pounds, that's ... I'm five nine and 165-

Nicki: Right, so he's pretty skinny.

Robb: ... so, pretty skinny, wouldn't be hard in my opinion to get you up to 175, 180 pounds in a year of just super consistent eating, really consistent three days a week of lifting, sleep is totally on point, that should be totally doable. But you really make a goal, look at your standing press, bench press, weighted pull up, deadlift squat, and set some incremental goals. Add 50 pounds to both your squat and deadlift over a six month period. Add 25 pounds to your bench and your standing press over a six month period. Greg Glassman had a saying like that. Like, "Get to where you could clean and jerk your body weight 21 times. Do 40 dead hang pull ups, blah, blah, blah, and then get back to me about what your physique is like." And it's kind of like, "Oh yeah, that's true." This is again where the form follows function kind of deal. But you do need to fuel that activity. Yeah.

Nicki: Awesome.

Robb: Anything else?

Nicki: Thanks for the great questions.

Robb: Yeah, really good questions. It's the best questions ever because they're your guys' questions. Check us out at @dasrobbwolf on Instagram, the YouTube page-

Nicki: And then, as always, robbwolf.com contact page to submit your questions for future episodes and I think that's it.

Robb: We'll be back with more contradictory information next time. We'll see you guys soon.