

**Robb:** I think we are live. Welcome back to The Healthy Rebellion Radio. Wife, you look amazing today.

**Nicki:** Thank you.

**Robb:** Well, you look amazing every day, but you look particularly amazing today.

**Nicki:** It must be because I have officially joined the #silversisters.

**Robb:** Is that right? Well flesh that out for people so that they don't just think that these are kleptomaniacs stealing silverware from restaurants.

**Nicki:** Well, today, about eight weeks, dye-free. So I decided that I'm going to embrace all of the gray hair that has been trying to take up residence on my head since I was about 18.

**Robb:** No, no, no, no. Well, I want to talk about that really quickly because the vegan pricks out in the world are going to be like, paleo made her hair gray. When did your hair start going gray?

**Nicki:** 18. My dad went gray super early. It's a thing in my family.

**Robb:** And in-between that, you had a bout of veganism and it didn't heal your hair?

**Nicki:** It did not. I was vegan for two full years, strict, perfect vegan.

**Robb:** And as you told me, it didn't do much for your acne at that time either? But that's a side deal.

**Nicki:** It did not.

**Robb:** Fuck you vegans. So, joining the silver sister, sisterhood?

**Nicki:** Well, I mean, there's just an amazing array of inspiration on Instagram, and lots of women are deciding that they've had enough with coloring their hair.

**Robb:** Every time you would do it, you would feel kind of sick. You'd get this headachy deal.

**Nicki:** Well, it would coincide with my cycle. For whatever reason, I felt every time I was getting my hair colored, my appointment was right in line with getting my monthly cycle. And I would come away feeling headachy and not great. So how much of that is cycle stuff, and hair color combined? Or one or the other, I don't know. But I'm not the type of person that enjoys spending two hours at the hair salon every month. And it was an every four-week thing for me.

**Robb:** Just because you like being with me, right? You want to spend every minute with me?

**Nicki:** It was a nice little escape, but. No, it was an every four-week thing, and even then, by week three, my roots were showing. And so it was just this, it became this frustrating thing. And it's like, oh, well you can get this black paint shit that you can spray down the middle of your part line, so that you can go longer between visits. But then you're spraying this, I don't know. I reached a point where I was over it, so yeah. I'm going to be getting more silver and more gray as the weeks and months go by.

**Robb:** Awesome, well, The Healthy Rebellion folks can support you in your transition.

**Nicki:** Well, and that's been really cool. What's been really cool is inside The Healthy Rebellion community, I shared that, we have a group called Rebellious Women. And lots of other women are doing the same thing, or have already done it. And have been color and dye-free for months and months and years and years. And others don't have as much silver, but they don't plan on coloring it, so it's been a really great conversation in there. And people just feeling pretty liberated that we don't have to do something just to look a certain way.

**Robb:** Awesome. Well, I think you're going to be even more hot if that's possible.

**Nicki:** Thanks babe.

**Robb:** I am planning to get laid today for sure.

**Nicki:** You're stuck with me, so you're saying the right things.

**Robb:** So where are we at here?

**Nicki:** So yeah, gosh, we are ready for your news topic du jour.

**Robb:** We're not going to mention the Reset and all that stuff?

**Nicki:** Okay so yeah, this episode, I guess when this episode airs on January 10th, it'll be our kickoff call for our 30-day Rebel Reset and Seven-day Carb Test that we're doing in Healthy Rebellion. So that's something that we're gearing up for, and getting all of our stuff organized and ready. We're going to do this the month of January, into February. And then the final week will be the Seven-day Carb Test for those that are interested in doing that. So we're doing that.

**Robb:** Awesome.

**Nicki:** With all the members of The Healthy Rebellion.

**Robb:** We've had a lot of folks signing up. Super excited for that, yep.

**Robb:** So, the news topic du jour, a hat tip to Dr. Paul Saladino. I found this in his Instagram feed, and snaked it. It's super cool, titled, the paper's exposure to sunlight boost, good, gut microbiome bacteria and vitamin D levels. And he had gone the additional step of

looking at various fiber supplementation regimens that didn't provide the same benefit. The interesting thing for me is that both fiber, prebiotic substances, probiotics are a 50/50 mix. Some people, they work for, some people, they make symptoms worse, other people, they don't really seem to do anything. So I'm not saying that fiber is worthless in this context for people, but I think it's a little bit more situational.

**Robb:** The sunlight exposure was uniform. Everybody seemed to benefit from that, and benefit significantly. And this is just this fascinating story where energy hitting our skin through a cascade of chemical, physiological changes, ends up dramatically altering our gut microbiome. We are reasonably well steeped in the notion that it affects mood and cognition, and immune function. And it goes far above and beyond just vitamin D levels. That's clearly a player in it, but it's the process of generating the vitamin D and all these other knock-on benefits that seem to be valuable.

**Robb:** We discussed a couple of podcasts back, the pluses and minuses of doing a tanning booth. So if you wanted to look back a little bit, we really dug into that. In general, I would make the case that if your exposure is focused on getting a therapeutic effect, basically a mood enhancing effect, it doesn't need to be that long. Just don't try to be a leather handbag, and you're probably going to be okay. As with anything, there're trade-offs with all of this stuff. But if I didn't go sit in the sun every chance I get, I would probably hang myself. So even if I do end up getting skin cancer at some point, I will have lived longer because I didn't kill myself from depression, or just be a miserable person to be around.

**Robb:** And my gut's better when I'm-

**Nicki:** Your gut is definitely better when you're in the sun more.

**Robb:** Way better, yeah.

**Nicki:** So some people who live in northern latitude, you know the northern regions.

**Robb:** Anything north of the 37th parallel, you cannot get vitamin D in a significant period of the year, three to four months.

**Nicki:** So then their option is, if they are unable to take a trip and go be in actual sunlight, is to do tanning beds or these lights that a lot of people will get.

**Robb:** And there are some portable units, tabletop unit, where you can put it on your legs, put it on your chest. Those work. Those totally work, and they're pretty nominal cost, yeah.

**Nicki:** Okay. Alrighty, let's move on to our Healthy Rebellion radio t-shirt announcement. Our review this week is from Mrs. Brigg-Gee. She says it's a voice of reason, one of the few sources I trust completely with all things health and nutrition. The paleo solution literally changed my life, and trust me, this rebellion will change a million more. Nothing but love and respect for you guys.

**Robb:** Awesome.

**Nicki:** Mrs. Brigg-Gee, we'd love to send you one of our Healthy Rebellion radio t-shirts. So, shoot us an email to [hello@robbwolf.com](mailto:hello@robbwolf.com), and include your t-shirt size, and your mailing address. And we'll send that out to you.

**Robb:** Cool.

**Nicki:** And this episode of The Healthy Rebellion Radio, is sponsored by Kettle & Fire. Kettle & Fire makes the first USDA approved shelf-stable bone broth made with grass-fed and finished beef bones, and organic pasture raised chicken bones. Not only is Kettle & Fire bone broth quick and convenient, it's keto and paleo friendly. Whole30 approved, non-GMO, and comes in many delicious sippable flavors.

**Robb:** It's vegan too. No, it's not.

**Nicki:** None of our listeners care about, yeah it's not- [laughing]

**Robb:** Even you believed me.

**Nicki:** And Robb, your favorite meal in the world is ...

**Robb:** Soup.

**Nicki:** Yep. You love soup.

**Robb:** It doesn't really matter what type, just soup.

**Nicki:** And so, we use Kettle & Fire bone broth frequently, because at least once a week, if not twice a week, we make some kind of soup. In fact, right now we have a soup on the stove with some ...

**Robb:** So we've been trying to figure out, how do we mass produce our food a little bit, and get out ahead of it.

**Nicki:** Mass produce sounds bad, but basically, just bulk prepare so that we're not ...

**Robb:** Oh, bulk prepared sounds way better than mass produced, for sure.

**Nicki:** Mass produced sounds very industrialized.

**Robb:** Oh geez, holy hair-splitting. Now it's going to be gray hair-splitting.

**Nicki:** I'm good at that.

**Robb:** So yeah, but we're trying to feed ourselves, feed the kids, save time. You've started prepping a couple of meals, making these amazing meatballs.

**Nicki:** I'll just take four pounds of ground beef and add garlic and salt and pepper, and I've been leaving the eggs out because you don't do too well with that. Making a bunch of meatballs, freezing them, and so then, I have protein ready that I can easily throw in with some bone broth, Kettle & Fire bone broth, and make a quick soup for lunch or dinner.

**Robb:** So basically, you have it figured out where, it she's just feeding the girls, she does one package of Kettle & Fire. She does four meatballs per kid. And they smash it. It takes minutes to do. And you'll also dice up a carrot or something like that, throw a little bit of veggies in there. But, it's super easy, really fast. And the kids really like it. So Kettle & Fire's awesome for that. And a host of other reasons.

**Nicki:** Yep. So you guys can go to [kettleandfire.com/healthyrebellion](https://kettleandfire.com/healthyrebellion), and use code healthyrebellion for 15% off your order.

**Robb:** Cool.

**Nicki:** All right, you ready for our questions for today?

**Robb:** It's a good set of questions. Today's libel to be a little bit of a longer show.

**Nicki:** Yeah, we got some goodies.

**Robb:** We have some goodies, yeah.

**Nicki:** All right, our first question is from Carly regarding the Florida ban on providing individual nutrition advice without a state sanctioned license. She says, "Hi Robb and Nicki. Long-time follower, podcast listener, and fellow Libertarian here. Thanks for all you do. My question is regarding the recent decision out of Florida that upholds a ban on providing individual nutrition advice without a state sanctioned license. Have you heard about this? I'm a recent nutritional therapy practitioner graduate, and have already helped clients in my home state of Virginia, making celestial type changes, and seen speedy benefits."

**Nicki:** "If I lived in Florida, this would be illegal. I'm trying to start a coalition of some of the big guns in the nutrition space, including you, to spread awareness. State legislatures across the country are trying these bogus regulations to squash small business, and anything that goes against conventional wisdom. And maybe we can help this particular case while there is still change. I'm hopeful bigger platforms can come together and make a big deal about this. It is an important freedom of speech issue with public health ramifications."

**Nicki:** "The post below, from IJ, explains the case, and I'd be happy to help in any way possible, connecting you to the people in that world. I work at a public policy think tank in D.C. and have lots of connections through my network that I can put you in touch with."

**Robb:** Cool. So, we have the link for that, for the show notes for folks to check out. Do we live in a polarized world wife?

**Nicki:** Yes.

**Robb:** Yes, we do, rhetorical question, echoing back on itself. There's always seemingly been this battle between folks that want some top-down regulation and control over processes. There are certainly situations where this makes a lot of sense. Building codes can be onerous bastards to deal with, but if you live in California, and there's an earthquake, chances are your building isn't going to fall down because of the standards.

**Nicki:** If it was built recently.

**Robb:** If it was built recently, recently, yes, yes, hair-splitting again. I mean, there's clearly cases for safety and quality control to some degree. But, this is also how and where monopolies are born. Like the American Medical Association is a monopoly. And they are not the sole arbiter of truth. But there are people who present them as such. And we will have an example here later. I make the case that they are not the sole arbiter of truth in that truth changes. And it wasn't really truth to start off with, it was our best understanding or best interpretation of that moment.

**Robb:** And so, in an effort to provide safety for the public, let's say some people make the case that we need to intervene in these circumstances like this, where licensed, unlicensed, anything other than an RD, in certain places, you can't say word one about nutrition. I just find that fascinating when people can go buy alcohol, people can go buy cigarettes, people can go buy cart loads of shitty food that we know is going to kill them. But even the most disjointed, ill-informed recommendation around diet change, is that going to be worse than what people can freely do to themselves? Like really? Really?

**Robb:** And granted, if somebody has a medical condition, you have a terribly hypertensive type-2 diabetic, and you want to get in and start playing nutritional wizardry with that person, yeah, you should probably second guess that. At a minimum, build a relationship with some doctors so that you could be a trusted resource to help guide the behavior change, if nothing else, and provide some broad lane lines there. But this is some of the questions that I think that people have to ask. And there are a lot of people, this is like a culture battle right now where it's interesting how much people are defaulting to authoritarianism and giving a pass for things like banning healthcare, people who talk about health topics on the internet and social media and stuff like that.

**Robb:** I think it's incredibly dangerous, and it is in fact moving us away from being able to discover truth. And we're going to talk a little bit later about an autoimmune condition. And I keep coming back to the fact that the studies that have been done on autoimmune conditions only happened because people were comparing notes and experimented, and it's largely happened in this unregulated open market-base forum. And now we're really getting some great headway in these areas. And what are the things that we are going to stymie or miss entirely that are on the fringe today, that

because people can't tinker and can't experiment, and whatnot. Where's that going to go? There don't seem to be many fence-sitters in this scenario.

**Nicki:** Well, it makes you wonder too, like that state-sanctioned license, what orientation or nutritional philosophy is that entity or that body taking? What if it is 100% plant-based, and if you recommend an animal product to somebody, your license gets revoked? Who decides what ...

**Robb:** And that's the irony is that state-sanctioned entities largely endorse, and let's quit calling it plant-based. A paleo diet is plant-based. They're recommending a vegan diet, and they endorse a vegan diet, and they openly assail animal products, and saturated fat. There're all kinds of nuance within the stuff, but that is the sole arbiter of truth currently. And so, at a minimum, so frequently when you're bidding on something for a governmental job, like you want to present something to the military, usually multiple people have to bid. And then they end up picking this thing.

**Robb:** I think that you could make a really strong case that instead of there being one, if you're going to regulate this shit, then create some general guidelines but then leave the methodology somewhat agnostic. And then allow lots of different entities to get into this game and compete. And that way, we don't end up with a monopoly. Somebody seriously, if you could convince me that the world wouldn't be better if we had 10 American Medical Associations competing against each other. Tell me that that world is not a better world? The discoveries we would make, the bullshit we would sort out.

**Robb:** But the fact that we have this old boy's club, it's super slow inertia to change things. And sometimes rightfully so, because you don't want to be willy-nilly with this stuff. But if they were no joke competing against each other, the way that people making cars do it, the shit would improve dramatically. So, this is where a, Carly, I appreciate the fact that you've got some market-based leanings and stuff like that. It gives some people a rash. For me, the notion of freedom and some personal accountability really wins out in this. But I see a middle ground being, if the state is going to regulate this stuff, then at least provide provisions so that you don't create a monopoly. I don't see how anybody could argue against that.

**Nicki:** Alrighty. Our next question is from Kristy. She's wondering if keto is recommended for a woman with autoimmune and thyroid dysfunction. "Hi Robb, your podcast is one of my favorites among all the health and fitness voices out there. I have a question regarding something my nutritionist said to me the other day. I have SIBO, celiac, and Hashimoto's, and was discussing treatment protocols with her for the SIBO."

**Nicki:** "I've done a two to three-week elemental diet before, and it was pretty rough. Two years later, I still can't look at a spoonful of coconut oil the same. This time I suggested trying a zero carb diet like Shawn Baker's Carnivore Diet for the two to three-week therapeutic period, then transition to keto as a long-term way of eating. I've heard that some people with SIBO get drastically better his way. However, my nutritionist specifically objected to the lack of carbohydrates that would in her opinion, cause my thyroid dysfunction to get worse. She said something about not having insulin spikes,

means my thyroid hormones would drop. She prefers something like Integrative Therapeutics Elemental Diet formula, which is 69% carbohydrate, dextrose, and maltodextrin, 17% fat, and 14% protein. What is your opinion on me as a woman, eating a keto/carnivore diet with autoimmune thyroid conditions?"

**Robb:** So again, this one's going to be a fair amount to unpack. One thing, and this is where Collins Show is nice because I would really like to know if Kristy is actually on thyroid meds right now. Because if you're already on thyroid, like if you've gone to a spot where the thyroid is not producing T4 and then the conversion T3 can happen whatnot, then we're in a different scenario. I wouldn't say that it doesn't matter what you do dietarily, but we're certainly not going to influence further down regulation of thyroid production.

**Robb:** And then even within that story, we do understand that reducing carbohydrates generally causes a reduction in TSH, and potentially the level of T3, relative to T4. But the thing is, in some situations, that seems to be clinically relevant. And in other situations, it doesn't. For some people, they do just fine at that lower relative thyroid level. So this is again where you need a little bit of nuance in the story. I have a link to a study that a good friend of mine Angie Alt, was involved with. It's called the Efficacy of the Autoimmune Protocol Diet as Part of a Multi-disciplinary, Supported Lifestyle Intervention for Hashimoto's Thyroiditis. Was pretty cool, it's a pilot study. It was performed via online health coaching to look at the efficacy of an autoimmune protocol for specifically Hashimoto's.

**Robb:** And I'll be honest actually, picking Hashimoto's was a little bit perplexing for me because it's a little bit like trying to tackle type-1 diabetes in that you have organs that have been damaged or destroyed and can no longer produce. So, it's a little bit of a more challenging scenario to really get benefit from. I would have picked a host of different autoimmune conditions. But, Hashimoto's is a pretty big deal. At the end of the day, the antibody type didn't change that much with the study but the quality of life, the symptoms, improved dramatically, and C-reactive protein was reduced. So, the symptomology improved on these people, and their thyroid levels on the autoimmune paleo diet didn't change.

**Robb:** So again, there's this question of were they on meds? Were they not on meds? I didn't get that deep into the paper, whether or not they were managing on that. But we saw some really solid, improved events and quality of life with these people following an autoimmune paleo diet. That one is not carnivore, that one is not even necessarily keto, although it can be pretty darn close to it. But it depends on whether it is or not, based off what the inclusion is there.

**Robb:** I still, call me crazy, but I would go out on a limb and say that anything that is pulling in whole foods, even if it's mainly meat and seafood and stuff like that, is probably a better option than dextrose, maltodextrin, some sort of funky fat. And then probably what's going to be a rice brand protein, or something like that. Maybe not, that thing is a legit low allergenic load, Elemental Diet product, but where do you go from there? Then you need to reintroduce something. And something that you're going to reintroduce, it's

probably going to look something like autoimmune paleo or carnivore or something like that.

**Robb:** Clearly, I just have a different perspective on this. I wouldn't be as concerned about over thyroid dysregulation in this scenario. Particularly if the person was on meds. But again, this is where you can get in and tinker and see how things go.

**Nicki:** Let's see, our third question this week is from Whitney on antibiotic prophylaxis. "Hi Robb, I'm a huge fan of all you do. I'm a dental hygienist, and I love combining my passion for health with my dental career. Thank you for introducing me to Dr. Steven Linn through your podcast by the way. For a long time, it was recommended that patients take an antibiotic before their dental appointments if they had a joint replacement due to the risk of bacteria entering the blood stream at those appointments and causing infection in the new joint."

**Nicki:** "In recent years, the rules have changed, and it is no longer required. However, many orthopedic surgeons are still advising some of my patients to take this before all appointments for life. I try to educate them on the risks of altering their gut microbiome as well as creating resistant bacteria strains. But of course, most people side with their surgeon, and not their dental hygienist. I don't have a lot of time to spend with them on the topic, and I'm not well-versed in this enough to educate appropriately. What can be my elevator pitch so to speak, to explain this thoroughly, quickly, and effectively? Or maybe I'm overreacting. Should I recommend a probiotic if they insist on premedicating?"

**Nicki:** "You have a way of putting things, so I always understand them. So I thought you could help. I know this isn't your typical question, but I would appreciate your input. Thank you so much."

**Robb:** We'll see how we can unpack this. So, I guess maybe that last question first. Probiotic, prebiotic supplementation around antibiotic use, it helps some people, it doesn't help other people. Some people, it makes things worse. So I mean, it's a little bit of a mixed bag. Generally, it's probably a good idea.

**Nicki:** Is there any way to know if you're a person that benefits or doesn't? Or you just have to take it in kind of-

**Robb:** So, like the secrete, non-secrete story really drives some of the immunological fraction within the gut, drives whether or not these more beneficial bacteria adhere. And then even within probiotic supplementation, you don't generally put those bacteria in the gut. Those bacteria are tuning the gut, and then oftentimes the gut will alter environmentally to be more favorable for the other bacteria. So we're not even generally supplementing the gut flora with those particular strains. So it's interesting.

**Robb:** So I dug around on this and there's a great paper, it's called Antibiotic Prophylaxis for Dental Treatment After a Prosthetic Joint Replacement Exploring the Orthopedic Surgeon's Opinion. And so, the concerns around this is that if somebody has an artificial

joint, they can get a systemic bacterial infection that can take up root in the joint, and it can kill them. This happened to your mom. Now, it wasn't with a dental procedure, but ...

**Nicki:** Yeah, I mean, she always, so my mom had rheumatoid arthritis, and had both hips replaced, shoulder replacement. And for all of her dental procedures, would always do the antibiotics. And then she had some surgery on her ankle, and she was not given any antibiotics in that case. And had some issues with some wound healing and ended up getting an infection and sepsis, and a whole host of reactions to drugs, just a whole series of knock-on problems.

**Robb:** So I guess the point here is that there's a legitimate concern around infection taking up residence in an artificial joint. It can go bad even then pulling the joint out isn't a guarantee that you fix it. It's a really difficult thing to deal with. But antibiotics can have their own set of problems ranging from anaphylaxis to alterations in the gut microbiome. But when you really get in and look at review papers on this topic, it paints the dental treatments, and I guess they were vague on what dental treatment is. Is that just a tooth cleaning? Is this a root canal? A root canal, I could see being a very different story than like a dental cleaning. But the papers I looked at weren't real specific.

**Robb:** But from this paper, there's limited evidence demonstrating an association between dental treatment and PJI, the prosthetic joint infection. Case reports and retrospective studies that suggest a relationship between dental treatment and PJI are usually cited as justification for continuing to use antibiotic prophylaxis. Current international guidelines do not support the use of antibiotic prophylaxis to prevent PJI, blah, blah, blah. Despite these recommendations, some dental and orthopedic surgeons continue to prescribe antibiotic prophylaxis hoping to protect patients from the dire consequences of PJI.

**Robb:** So, these doctors aren't being complete knuckleheads recommending this, but at the same time, when you really look at the literature, for general dental treatment, it doesn't really seem to be warranted in most situations. And in fact, the guidelines reflect this.

**Robb:** The other question was how to push back on this. I don't know. Going and telling a surgeon anything, other than that they're fucking awesome, and their haircut looks great, usually doesn't get you too far. You might leave this paper laying around in the office or something.

**Nicki:** Well she's dealing with patients, so she's wanting to-

**Robb:** She's wanting to know could she talk to, what's an elevator ...

**Nicki:** To talk to the patient.

**Robb:** Okay. It's tough though because then it's like, well my hygienist said this. And then if you want to-

**Nicki:** Yeah, do I listen to, or do I listen to the person that performed the surgery on me? Yeah.

**Robb:** So, I'm not entirely sure how to handle that. Other than the current guidelines suggest that it's really not ... It can't support the cost benefit story in general, of forcing or recommending prophylactic antibiotics for all dental procedures.

**Robb:** I want to do a quick note there directed to the evidence-based medicine crew. At one point, the other stance on this was the evidence-based position. And now over time, we've learned more, and the fucking evidence-based position has changed.

**Nicki:** Whenever Robb says evidence-based nutrition, I have to laugh.

**Robb:** I just want to punch people in the throat. So here's a good example, the evidence changed because we got more fucking information. And it wasn't written in stone. It wasn't cast in diamond, like it was in the center of a star. It fucking changed. And so this is one of the things that for the evidence-based nutrition, evidence-based medicine crowd, you guys need to back the fuck down. Yeah, we have some things we understand.

**Nicki:** We should probably put an alert that this is like a multiple F-bomb ...

**Robb:** This is going to be multiple F-bomb deal. But it's like, we have some things we understand pretty well, at least we think we do. And then, all the time, things pop up. Like, oh wow, gee whiz, we had a muscle in our face we didn't know about, a muscle in our thigh that we didn't know about. In the Krebs cycle, inside the cell, it's actually machinery that's in the shape of a Ferris wheel because that's the way that the stuff gets passed around. And we learned this stuff over time. So again, I'm not suggesting that we just go crazy and accept every crazy therapeutic recommendation under the sun. But at the same time, there's just a complete sticking of the head in the sand on how limited this perspective is.

**Robb:** It's like, let's do better at saying, here's what we probably understand pretty well. Here's some other areas. Let's discuss, are there any mechanistic underpinnings? What's the potential cost benefit story there? Instead of just saying, where's your RCT on that? That's bullshit. So, sorry.

**Nicki:** We'll put a disclaimer on this episode. Sorry Whitney.

**Robb:** Specifically, question three is not really kid friendly.

**Nicki:** All right, let's move on to a question from Brenna on moms' lack of sleep and exercise. "Hi Robb and Nicki. As a new mom, to a four-and-half month old, I'm curious to know your thoughts, experience, et cetera, on exercise and diet after a night of very little sleep. I used to love working out through walking, lifting weights, swinging a kettle bell. However, life changes when you have a baby."

**Robb:** No.

**Nicki:** "Life changes a lot. Around three months postpartum, I started doing some body weight exercise and built back into swinging a 15 to 20-pound kettle bell for 15 to 30 minutes in the morning. Diet-wise, I tend to follow a lower carb paleo template, 50 to 80 grams a day. And yes, I'm breastfeeding."

**Nicki:** "My goal is simply to maintain health and support hormone levels for fertility. My weight is fine, but I also want to support good insulin sensitivity and keep some muscle mass since I lost quite a bit right after the baby was born. However, after a night or two, or three, of little sleep, less than five hours, is it even a good idea to try and exercise due to higher cortisol levels? Could adding in short bursts of exercise spike cortisol further, and increase insulin resistance? Or would trying to get in a few burpee be supportive of reducing insulin resistance brought on by the lack of sleep?"

**Nicki:** "I live in Minnesota, so going for a walk with baby right now is very hit and miss due to the weather. Are there any diet recommendations that you would make to also support these goals such as when to consume carbs versus not? I find that going too low carb, just leads to hunger and cravings right now."

**Robb:** There's always, like we just had a John Welbourn quote ...

**Nicki:** Yeah, great quote that you shared on Instagram. And it's like, if you imagine the work, or what's it? Exercise you do is like a big pile of dirt. And some days you use a shovel. And some days you use a spoon. But the most important this is that each day you're chipping away at your pile of dirt. So you're doing some amount of movement.

**Robb:** And so mixed into that, strength work that is non-taxing like Pavel Tsatsouline's material is great, where you're not exhausting yourself. Low intensity cardio, even on a sleep-deprived scenario. Usually if people get, like that 130, 140 beat per minute thing, they get 20-minutes of it, they're like, man, I feel a lot better. And it will generally be good for you. The thing that I wouldn't do actually is burpees.

**Nicki:** Or anything high intensity.

**Robb:** Yeah, anything high intensity, like the kettle bells might be too much. Anything that starts getting you into that lactate bandwidth

**Nicki:** Well, I'm wondering, I mean, she's saying she did kettle bell swings for 15 to 30 minutes. But maybe you just have your kettle bell somewhere, and you walk by it, and you do 10 kettle bell dead lifts, and then go about your business. And then in an hour, you walk by and lift it 10 more times and it doesn't have to be that heavy, but you're just getting some baseline work done, spread out throughout the day.

**Robb:** And you're not going to feel great, but you're going to ...

**Nicki:** Well, you're not looking to set records, you're just ...

**Robb:** No, at that stage, you're just preventing further decline. And maybe you make a little bit of progress. But, it seems like things are never going to change, but they do. And your sleep does get somewhat better, although our youngest is now having nightmares and waking up, and wanting to crawl in bed with us all the time, or us sleep with her. So it doesn't always go 100% away. But it does improve.

**Robb:** As far as carb cycling and stuff like that, like earlier and/or post workout, are always the defaults. It sounds like you're doing a great job on that though. You have a sense of where your body is operating, so I wouldn't really get too wrapped around the axle there. Do the things that you can to support your sleep. Take a nap when you can get it. Practice awesome sleep hygiene for the sleep that you can get.

**Nicki:** Super dark room.

**Robb:** And enjoy the process as much as you can. It goes by in the blink of an eye.

**Nicki:** It goes by really fast. We miss our tree frog stage. We call it tree frog when they're so little that they sit on your chest and they look like a little tree frog. Super cute.

**Nicki:** All right, last question for this week is from Peter on keto and HPA access dysregulation. Peter says, "Hey Robb and Nicki, I was curious if you could offer insight regarding keto and HPA access dysregulation. I've done long stretches of keto, completing both your master class, as well as the Keto Gains Bootcamp. I saw amazing body comp changes from both. I have no doubt when it comes to body comp and lifestyle, keto is the way to go for me. However, when I'm in keto, sometimes I dip into severe bouts of what feels almost like depression. Like can't function depression, and I become super prone to stress. Basically, like severe keto flu, but it occurs when I am past transitioning into keto."

**Nicki:** "My first thought was electrolytes, but I've tried as high as 15 grams of sodium to no avail, and five to one potassium. I'm pretty stubborn, so I stuck out the bootcamp and master class despite feeling at times emotionally horrendous. I haven't been able to pinpoint what the issue is, but it scared me enough to keep me from keto for fear of dipping into a bout of debilitating depression. The most frustrating thing is I really thrive on keto. I don't see other people complaining about this issue, so I continue to be baffled as to why it happens to me."

**Nicki:** "Basically, I want to stay keto, but I can't, unless I can get this stress aspect under control. I recently came across an article by Chris Kresser, talking about who keto isn't for, where he talks about HPA dysregulation being a reason to stay away from keto. As soon as I read this, I began thinking this could be my issue. After some evaluating, I realized in most other facets of my life, I think I'm pretty sensitive to stressors. Training too hard, poor diet, not sleeping well, et cetera. Additionally, I've done a number on my system with recurring treatments for Lyme. I'm curious for those prone to stress, how might you recommend approaching keto? Is there any hope? Is there anything I could be missing here, like maybe stress isn't my issue?"

**Nicki:** "I know if there's a high side of electrolyte recommendation over the 15 grams I tried, it would be for me. So should I go higher?"

**Robb:** In talking with Tyler and Louise, 15 grams is about as high as folks go. And these are sometimes big people working in the heat, doing lots of activities. So, I think you've really, like you did an admirable job mapping that. And I don't really think that that's the thing. It would be interesting, like you said, I almost get this sense that maybe you motor along okay for a period of time, and then things get bad, then they may improve. But there is just a reality that keto doesn't work for everybody. Not in all facets of what you're doing.

**Robb:** Couple of thoughts around this, like tinkering with, titrating carbs up. And for every two grams of carbs you add, you could delete one gram of fat. And you can start titrating that up and tinkering with it. If you get some specific cognitive benefits from keto, then you might do a C8, MCT oil with each meal. And you have to play with the dosing on that. But you could increase the carbs, take the C8 oil, still have therapeutic ketone levels, but the background insulin signaling and things like that are more consistent with maybe not negatively impacting HPTA axis and depression and stuff like that.

**Robb:** Paul Jaminet recommended that approach ages ago. And Chris Masterjohn echos that. And I think that the article from Chris Kresser which is also going to be in the show notes, largely reflects that. So I would definitely, it sounds like a good point to start doing some tinkering with the introduction of carbs.

**Nicki:** And see what level of carbs really works for you. Because maybe, and I don't know if when you say, keto, that you're at 25 or fewer grams, but maybe 50 grams of carbs.

**Robb:** Or 60, or 100.

**Nicki:** Or 60 ,or 100, and you don't find yourself dipping into depression. So figuring out where that number is for you.

**Nicki:** Awesome Peter. Thank you, and if you try that, shoot us an email and let us know what you find out.

**Robb:** Yeah, we'd definitely like to know however that goes, for sure.

**Nicki:** All right Robb, Robbie, that's a wrap.

**Robb:** Well Nicki, that's great kid. I love ya.

**Nicki:** Thank you guys again.

**Robb:** That should be a future podcast question, trivia question.

**Nicki:** Oh, it will, okay.

**Robb:** Who is this person?

**Nicki:** Yes, yes. We'll have to give the answer because nobody will know. Only five people in the planet, not five, but a small number. All right guys, thank you so much. Please check out Kettle & Fire, the show sponsor for today. Go to [kettleandfire.com/healthyrebellion](http://kettleandfire.com/healthyrebellion), and use code healthyrebellion for 15% off your order.

**Nicki:** Please share this episode. Please subscribe. Leave us a review, wherever you consume your podcast.

**Robb:** It makes a massive impact, being able to get this in front of other people when you guys subscribe. And also, you take the time to review. It makes or breaks the show.

**Nicki:** It really helps. And we thoroughly appreciate all of you. And then finally, if guys want to join us in the Healthy Rebellion community, we've got some amazing conversations happening over there, lots of good stuff. You can go to [join.thehealthyrebellion.com](http://join.thehealthyrebellion.com).

**Robb:** The material's questionable. But it's good people over there.

**Nicki:** That's because it's all from you.

**Robb:** Exactly.

**Nicki:** No. All right guys, we'll see you next week.

**Robb:** Take care.

**Nicki:** Bye.

**Robb:** Bye.