

Nicki: It's time to make your health an act of rebellion. We're tackling personalized nutrition, metabolic flexibility, resilient aging, and answering your diet and lifestyle questions. This is the only show with the bold aim to help one million people liberate themselves from the sick-care system. You're listening to The Healthy Rebellion Radio. The contents of this show are for entertainment and educational purposes only. Nothing in this podcast should be considered medical advice. Please consult your licensed and credentialed functional medicine practitioner before embarking on any health, dietary, or fitness change. Warning, when Robb gets passionate, he's been known to use the occasional expletive. If foul language is not your thing, if it gets your britches in a bunch, well, there's always Disney+.

Robb: Good morning, wife.

Nicki: Good morning, hubs.

Robb: I think we're recording.

Nicki: I think we are. We had a little bit of a technology-

Robb: When we rejiggered our recording setup.

Nicki: Yeah. We had to make sure everything was working as it should be, and we had a little snafu but I think we're dialed in.

Robb: Oh, you do, do you?

Nicki: I do.

Robb: Just give it some time.

Nicki: Yeah. I don't want to jinx ourselves.

Robb: So, what's new? What's exciting?

Nicki: Well, we had a second dog for eight whole nights, a little puppy. That was fun.

Robb: A little Ridgeback puppy.

Nicki: Yup. That was fun. She ...

Robb: That told me that one dog is plenty for now.

Nicki: Yeah. No, it was fun. And Dutch got to play a bunch, which was nice. And then we were happy to send her on her way which ... It was-

Robb: We were.

Nicki: ... fine. Let's see. I am going to go over some announcements coming up in The Healthy Rebellion before we kick off this show. Gosh. Okay, we're recording this on December 1st, and even though this releases on Friday the 4th, Thursday the 3rd, so this will ...

Robb: Your dad's going to be angry at you for that.

Nicki: Why?

Robb: Thursday the 3rd.

Nicki: Oh gosh, okay. Yeah. My dad's my biggest audio critic and I'm constantly getting notes about how my audio sucks. So, apologies to all of the listeners, and sorry dad. We're doing our Healthy Rebellion virtual holiday party this Thursday. So, when y'all are listening to this on Friday morning hopefully I'll-

Robb: Can I just interject something? It pisses me off that this is being called a virtual party. There is nothing virtual about it. It's a goddamn party. We just happen to not be in the same location.

Nicki: Okay. Are you outraged?

Robb: I am outraged. This is outrage culture coming at you. Bam.

Nicki: Did you know that Dan Crenshaw thinks outrage is a sign of weakness and I tend to agree?

Robb: Damn it. Fucking losing already. Damn it.

Nicki: All right. Saturday, December 5th, which is the day after this episode releases, we are doing a holiday app board gone wild with one of our amazing rebels, Chef Eva Bee. She's going to show us all the ins and outs, and tricks for making an amazing holiday appetizer board.

Robb: She's beautiful. She's smart. She's good in the kitchen.

Nicki: She is. Yup. And we've got a couple rebel chats coming up in The Rebellion. All of this to say seven-day cold exposure challenge kicking off our January rebel reset, Friday the 15th of January. So, all of this to say if you are not a member of the Healthy Rebellion, what are-

Robb: Why the hell not?

Nicki: ... you waiting for?

Robb: Yeah.

Nicki: So anyway, you can join-

Robb: Seriously, though. You get these resets. We have the strength challenge, the mobility challenge ...

Nicki: All kinds of stuff.

Robb: So much good stuff.

Nicki: And just good, good people.

Robb: But hey, if you're an asshole, don't come.

Nicki: Yeah. We don't want you if you're an asshole.

Robb: We are getting selective about who we want in, so-

Nicki: Asshole free. It's an asshole-free zone.

Robb: Am I out?

Nicki: Except for you. Except for you.

Robb: Guess you need one.

Nicki: Yeah.

Robb: Just need one.

Nicki: You can be our token asshole.

Robb: Perfect. Okay.

Nicki: Let's see. Another cool announcement. If you haven't tried our electrolyte drink mix, LMNT, we are now doing, just for the month of December, a special limited-time free plus shipping offer. So, if you haven't tried it, this is the time to do it. So, basically, you can get a new sample pack, which is eight stick packs with two citrus, two raspberry, two orange, and two of the raw unflavored, all for the cost of shipping which is \$5.00 if you live in the United States. And that is only available from December 1st through the 31st. So, get on that if you haven't tried it. This is a great opportunity to do so. You can do that by going to drinklmnt.com/robbsamplepack. That is drink L-M-N-T.com/robbsamplepack.

Robb: And if you missed that, we'll probably have this on social. We'll be pimping and promoting throughout.

Nicki: Yeah, and we'll shoot out an email as well. But I know not all of our listeners are on our email list, which they should be, but this is why. Take note.

Robb: Lots of finger wagging today, man.

Nicki: Feisty. All right, hubs. What do you got for our news topic today?

Robb: Well, if my assistant would scroll up a little bit it would facilitate my reading. Pretty cool paper. It is exceptionally small in number. It is an N=1, but it is one of these crazy things called a case report. And this is where actual science begins oftentimes in medicine. One person has kind of a wacky observation, and then shit happens from there. And the randomized control trial doesn't just emerge ... What was it? In Greek mythology, some of the gods were born out of Zeus' head or something like that. Doesn't happen that way, oddly enough. Title is Does a ketogenic Diet Lower Very High LP(a)? A Striking Experiment with a Male Physician. Lp(a) is a modified LDL particle that seems to confer higher atherogenic potential, but it is a ... And so concerning from the perspective of cardiovascular disease.

Robb: Instead of hanging this thing out as Oh my God, my body is trying to kill me, it's going to step back and ask, "Well, why would evolution develop something like this?" People with higher LP(a) also have less likelihood of bleeding to death. So, in times gone by that was actually a good thing. In times currently going by, potentially less of a good thing. This is another one of these things though, within standard lipidology circles you have folks that will say, emphatically, that you can not modify LP(a) via diet, exercise, and other interventions. That is proving to not be true. And so, what this gentleman did,

who is a physician, he did a very low-carb, ketogenic diet, and the LP(a) dropped significantly. And then he did a high-carb, low-fat diet, and the LP(a) went up significantly.

Robb: I believe it was as high as the low 100's, and as low as the low 70s, depending on high-carb versus low-carb. Does this ultimately confer greater or lesser cardiovascular disease risk? We don't know. But the main thing that we start digging into here is that this supposedly written in stone, cardio metabolic flag is modifiable, and massively modifiable. At least in some people. I would not be the least bit surprised that in some people it doesn't modify significantly, one way or the other. I also wouldn't be surprised if most of the dietary interventions looking at this were absolute jokes, and so of course it didn't really modify because their ... High-fat diets are always like 40% carbohydrate too, so it's basically a high-fat, high-carbohydrate diet. So, anyway. We've got a link to that. We are actually talking about this over in The Healthy Rebellion. I don't really talk about this stuff much on social media anymore.

Robb: I dump it out there, and then scurry back to The Rebellion because people are nice, and amicable, and I guess some people are saying, "It's just an echo chamber over there." And it's like, that's fine. The voices sound good, and people are nice, and so I'll deal with that echo chamber.

Nicki: I don't think it's really an echo chamber-

Robb: It's not an echo chamber. People are just assholes.

Nicki: Yeah.

Robb: They just need something to say about everything.

Nicki: Right.

Robb: It's like people-

Nicki: That's right. That's why you are the only asshole in The Rebellion. All the other assholes are on social media.

Robb: Exactly. Exactly. Exactly.

Nicki: All right. Let's give away a tee shirt, a Healthy Rebellion Radio tee shirt. This week it goes to MeredithO1975. She says, "Man, what would I do without this show? I found this show recently and I'm totally hooked. The content is smart, real, and funny, and I find myself smiling and laughing out loud as if I'm hanging with friends. If that makes me a creep, so be it. I appreciate how Robb and Nicki break down research, current events, and other topics, and offer up information so you can make up your own dang mind. I really admire how they keep it cool and professional, because I sure get fired up listening to some of the things they discuss. Thanks Robb and Nicki, and please know the difference you are making is so important and needed." That is super cool. MeredithO1975, thank you so much. Send us an email to hello@robbwolf.com with your tee shirt size, and your mailing address, and we will send you a Healthy Rebellion Radio tee shirt.

Robb: Probably. More than likely.

Nicki: We will.

Robb: We will. I have nothing to do-

Nicki: You won't.

Robb: ... with that.

Nicki: You won't.

Robb: Yes. I-

Nicki: The asshole does not send the shirts.

Robb: Yep, yep, yep.

Nicki: And this episode of The Healthy Rebellion Radio is sponsored by Joovv. Joovv red-light therapy devices can help reduce pain and inflammation, improve sleep, help rejuvenate your skin, and boost your libido. Joovv is the leading brand when it comes to red-light therapy devices. They pioneered this technology and they were the first ones to isolate red and near-infrared light and make it accessible, and affordable, for in-home use. And as we've said before, Joovv just launched their next generation of devices, they're sleeker, and up to 25% lighter. And if you're wondering where in the heck you would put your Joovv, their new devices have quick, easy-mounting options. So, you can fit your new Joovv in just about any space. There are several facets to living your best life, eating whole, unprocessed diets, prioritizing good sleep, smart strength training, minimizing stress.

Nicki: Robb, you like to talk about prioritizing recovery. It's not all about just train, train, train, but we also have to recover.

Robb: It would be awesome if it was just a person who works the hardest wins. But you have to work hard, and then actually allow some space for recovery, and growth, and all that stuff. So, your recovery side of the equation is equally important. As you get to be a geezer, like me, then it gets ever more important. And Joovv is an awesome adjunct to that whole process.

Nicki: Yeah. Getting lots of healthy light with red light therapy, like Joovv, is another key to living an optimal life.

Robb: Can I just digress-

Nicki: Sure.

Robb: ... a minute here? There's lots and lots of discussion about things like climate change, and resource allocation and whatnot. I just have to point out, the fact that Joovv has made their platform 25% lighter, and still providing all the same benefit, but that is classic stuff of where something starts growing, it starts expanding, and people figure out ways of making it cheaper, yet better at the same time. So, if people just give stuff some space, let it go, life gets better. Unless we ruin everything.

Nicki: You just had to insert some economics-

Robb: Sociopolitical economic commentary.

Nicki: ... into this-

Robb: Yeah. It just chaps my-

Nicki: ... information?

Robb: ... ass though, because we're kind of in this mode where the world's going to end, and everything's bad. It's like no, it's not. Things are good, and when you give things ... And also, just a little bit of a side diversion, things like this will get cheaper and better over time. So, maybe Joovv is, and things like this, are not accessible to every single person currently, if we support it, if it's good, then these things will get cheaper and better over time. And maybe five years from now everybody has one of these, and everybody benefits from it. But when you-

Nicki: Just like the first microwave was like \$3,000-

Robb: It was like-

Nicki: ... or something.

Robb: ... No, it was like \$20,000 in today's numbers.

Nicki: Gotcha.

Robb: And now they're so cheap as to be almost single-use and throw it away. Which is, I'm not advocating for.

Nicki: Right.

Robb: But just making the case that things don't always roll out as ... Where it is uniformly available to everybody. But when we let people experiment with things, and tinker, and it actually proves to be beneficial, and helpful, then these things get cheaper, and more-

Nicki: Innovation happens.

Robb: ... innovation happens.

Nicki: Furthers ... Yeah, yeah.

Robb: We've just seen a lot, and again I know we're reading an ad, but I'm ... We've seen a lot recently when we do poke our nose into social media, where people are talking about things. Like, "Well, this group is so privileged, and you shouldn't even go near this because not everybody has access to it." That is one of the dumbest commentaries I've ever seen, because if the thing is actually good, then the early adopters will subsidize the process of making it ubiquitous to everybody. So, sorry Joovv, you've got to-

Nicki: Slash end-rant, Robb.

Robb: Yes. Yes.

Nicki: All right, folks. It's time to treat yourself to a Joovv red light therapy device, and for a limited time Joovv will hook you up with an exclusive discount on your first order. Go to Joovv.com/robb. That's J-O-O-V-V.com/R-O-B-B, and apply code Robb. And you'll be all squared away. Okay.

Robb: That's probably the last ad Joovv will ever support.

Nicki: That was a good one. Okay, you ready for questions?

Robb: Am I wrong though?

Nicki: No, you're not wrong.

Robb: Thank you for saying that.

Nicki: You're not wrong.

Robb: You probably still hate me, though.

Nicki: No. I'm still here.

Robb: Just shows how limited your dating options are.

Nicki: Okay. Let's move on to our first question.

Robb: Okay.

Nicki: We've got a question from Jim on melatonin usage with kids. "Hi Robb and Nicki, my wife and I discovered you and your Paleo work back in 2011, and it's totally changed our lives for the better. So, thank you. My question is around using melatonin as a sleep aid for children. We've used it periodically in the past for our now eight-year-old daughter. Though recently I've noticed we've been using it with her more regularly. In particular now that the sun stays out longer, and we're trying to keep our kids on their regular sleep schedule. Is this okay? A half milligram seems to work really well, though not that it's becoming more of a regular thing I'm getting concerned about dependency, or other longterm side effects that I'm unaware of. I asked a psychiatrist about this a while back, and he voiced a more general concern about the general population just blindly taking things that the body naturally produces, like melatonin, without understanding how it works in our natural processes. He also didn't think there was research on the longterm effects of melatonin usage in children, and therefore couldn't recommend. What are your thoughts?"

Robb: Yeah. So, Doc Parsley developed a Sleep Remedy product for kids, and it is ... It's half the dose, so half a milligram is 500 micrograms, what the Doc Parsley product uses is 250 micrograms. So, even half again there. This is a tough one, and this is where daylight savings time, and I suspect compared to when this was submitted as a question to now-

Nicki: It might be ... Yeah.

Robb: ... it may be less of a thing. It is a bugger, particularly if you live at more northern latitudes, like the days get longer, that time shifts and then the kids' once nice sleep schedule goes to absolute hell. I will say that it kind of sucks that the days are ... It gets dark earlier, but the kids go down earlier, too. I would actually kind of lean more towards, say the blue blocks glasses-

Nicki: Like red light glasses.

Robb: ... red light glasses.

Nicki: Or blue light blocking glasses, yeah.

Robb: Blue light blocking glasses. I would lean towards that as a first intervention. I would lean towards decreasing the light, ambient light, get some dimmer switches, get some ... In this office, we have daylight light in here, and it's kind of harsh. I would go more with the-

Nicki: Warmer light bulbs.

Robb: ... warmer lights, and then if you dim those down they tend to shift more towards the red and orange. We find that if we do stuff like that, the kids go down pretty easily. And then in the summer, when the sun is just up longer, it just kind of is what it is. And this is where I guess, I don't know, this is a tough one. We're homeschooling, so we don't have as ...

Nicki: Gnarly of a wake-up schedule-

Robb: Yes.

Nicki: ... as a lot of people do.

Robb: So, if kids are going to be chronically under-slept, would it be more beneficial to give this thing two or three nights out of the week so that they go to bed earlier. I think it would probably be okay. There is a concern around this process called tachyphylaxis, which is where the body down-regulates the ability to produce melatonin. And I see stuff, funny enough that just seems to be my life these days, I see stuff that suggest that this is not a problem with melatonin, and then I see stuff that is just like hair on fire, good God, only take it for jet lag and never any other applications.

Nicki: Which one of those is fake news?

Robb: And I wouldn't be surprised if it depends on the person.

Nicki: Right, right.

Robb: It's the irony there. Melatonin is a neuro hormone. So, would I approach that with a little trepidation around chronic usage? Maybe. Maybe. We've talked about this on the podcast before, where a high school in Austin moved the-

Nicki: The start time of their school-

Robb: ... high school start time one hour later, and in one year the motor vehicle accidents decreased like 85%. Now granted, it's one year, so you don't have a super long ... But man, the data on this stuff is so compelling where if kids are under slept ... Kirk has made the point that the symptoms of sleep deprivation are ... You can not tell the difference between that and ADHD. When you just go item by item, they are indistinguishable. And he really makes the case that anybody who's wanting to head down the road of ADHD-type meds, and they haven't addressed sleep hygiene, they're really doing the kids a disservice. So, this is where like, Goddammit, some day I hope we can do a call-in show and really make that stuff work well, because it'd be interesting to know what time do the kids go to bed summer versus winter?

Robb: What time do you have to wake up most of the time? Do we have a really-

Nicki: And following a lot of the same sleep hygiene stuff that we've talked about for a long time. Like minimizing screen time in the evening, getting sun, hopefully she's able to go out-

Robb: As much as day light as possible.

Nicki: ... and play outside early in the ... From the morning through the evening, getting sun on her skin. Yeah, all of that same stuff matters.

Robb: All those things matter, finding an air fuel mixture that works well. Zoe tends to do better on a little bit higher carbs, Sagan does some carbs but not as much. She definitely seems to get some of the-

Nicki: More blood sugar stuff.

Robb: ... rebound hypoglycemia type stuff. So, just trying to dial some stuff in on that, that will all help. And then, I would try to do as much as you could outside of supplementation. And then, that said, there are products like L-theanine, and just doing GABA and things like that, that can help. But then the kids are taking a whole bunch of stuff, which is where the Sleep Remedy is kind of interesting.

Nicki: I mean, we'll use the Sleep Remedy with the girls, especially if we were going on a trip in the next day, and we need them ... Let's say we had a 6:00 AM flight-

Robb: We drug our kids. Yes.

Nicki: ... If we have a 6:00 AM flight and we've got to get up super early, and we need them to go to bed far earlier than normal, than we'll use that. Yeah, often, when traveling and situations like that.

Robb: So, I don't know. That's a tough one. But I would try to front-fill everything with the lifestyle side first, good sleep hygiene, good diet, getting the kids outside as much as possible, dialing down the ambient light in the evening. Yeah. And then without knowing with the trade-offs are with regards to when they wake up, we have friends that they wake their kids up at 6:00, 6:15 to get them to school, or to the bus stop, or whatever. Man, that's rough. Yeah.

Nicki: All right. Our next question is from Pauliina, about training when sleep deprived. She says, "Hi, I've been suffering from insomnia for over a year now. No acute stress or anything, just have a hard time falling asleep and staying asleep. I get only five to six hours of sleep a night, and the sleep quality is usually quite weak. I was on SSRI's for 10 years, and after I stopped the medication gradually, sleeping became an issue, and insomnia exploded. I've been wondering if insomnia is a withdrawal symptom of some kind? I'm now having several health problems due to this chronic sleep deprivation. This includes higher blood sugar levels, memory and cognitive issues, possible adrenal fatigue, blurred vision, et cetera. Also, my IBS and acid reflux has gotten worse. It takes several days to recover, even though I've decreased my training a lot. I lift weights twice a week, maximum 30 minutes per session before noon, and I train Jiu Jitsu once or twice a week.

Nicki: I often just have to skip the Jiu Jitsu, which bothers me, because it's in the evening, 6:00 to 7:15 PM, and I'm just too tired for it. And it makes me feel like a loser. So, long story short, how to train when one is heavily sleep-deprived?"

Robb: So, man, just a lot of thoughts on this. It's interesting when you look at the efficacy of SSRI's for depression, and a host of different issues, to the degree that they seem to work for people and provide benefit it's mainly in modifying sleep. The sleep quality tends to improve, to the degree that they don't really work it tends not to really address underlying sleep issues. And again, similar to the first question that we had, I would just be hair-on-fire looking at everything that you could possibly find to improve Paulina's sleep hygiene. Blue blockers, lower light levels ...

Nicki: No screen time in the evening.

Robb: No screen time, cool environments, the laundry list of stuff. Unlike the first question, which was dealing with a child, getting into an adult I would look at something like Sleep Remedy, or something like that, that could, as much as possible, just kind of support natural sleep processes. And again, I would disproportionately stack all of these factors related to circadian rhythm, height, light hygiene, and all that stuff. This isn't really asking her main question. I think really dialing intensity back, and volume and intensity is great. I know when I'm sleep-deprived I barely can handle doing a workout. Usually I feel better after I do, but man, getting going for it is pretty rough.

Robb: I will say, a hot shower, a sauna, something like that to just kind of bring your core body temperature up before going into the workout can help a lot, because it just feels like it takes half, or three quarters of the workout to really get warmed up, and then you finally start feeling a little bit better and the workout is done. So, that is a way to kind of hack that. Until the sleep gets dialed in, I know it makes it tough on the Jiu Jitsu, but I noticed that evening Jiu Jitsu classes are hard to wind down from afterwards. So, I would be careful with that. If they have an afternoon, or a morning class-

Nicki: Or a Saturday class-

Robb: ... or a Saturday class that you can make.

Nicki: ... even if you're just going once a week, if that's all you can swing right now until you get yourself ...

Robb: More buttoned up.

Nicki: Healthy.

Robb: Yeah.

Nicki: Don't feel like a loser. The main thing is just keep going. Even if it's one time a week, you're going to make progress. It might be slower than you'd like, but-

Robb: This is part of the reason why I haven't had a black belt for 20 years now is because I've always had early wake-ups for work. And the bummer is that when I was doing Jiu Jitsu early, early on, it was such an obscure thing. The classes started at like 9:00. It was when all the other martial arts stuff was wound up at the karate studio, or whatever. And then the Jiu Jitsu people came out, similar to the Copeira people. And so, there was no proper-

Nicki: Oh, like the vampire hour.

Robb: It was the vampire schedule, yeah. Whereas now, there are schools that actually have ... I mean, you see them sometimes like 7:00 AM, and noon, and all that stuff. Sometimes

those things don't work for folks, through. So, how do we button this up? I think Paulina's doing a great job of just kind of mitigating the dose, just to stay in the fight. But again-

Nicki: And she doesn't mention anything about how she's eating, so I'm assuming that you're dialed on that-

Robb: Buttoned up on that.

Nicki: ... on that side, because you mentioned that the sleep deprivation is what's kind of leading to higher blood sugar levels, and the memory and cognitive issues. But if you don't have your nutrition dialed in, that would also be a place to look.

Robb: And again, in the laundry list of sleep hacks, that quarter to a half teaspoon of salt before bed mixed in just a scant amount of water, a lot of people have noticed significant improvements with that. But again, this is a spot where I would recommend something like Doc Parsley's Sleep Remedy, and if that one doesn't work kind of float around a little bit and just kind of check out different stuff. Going out, out into kind of crazyville, there is some literature that suggests very low-dose, getting a CBD plus THC combo, like in a vape pen type deal. Of the kind of sleep aids out there available, let's call them prescription sleep aid type stuff, Ambien and those things don't make you sleep they make you unconscious. And although THC and marijuana don't produce perfect sleep architecture, it looks a hell of a lot more like real sleep architecture than these other products.

Robb: Depending on where Paulina lives, she might be able to try something like that. And I mean, it's tiny little amounts. Just a tiny little amount, and it seems to turn the adrenals off and allows for that kind of sleep initiation process to occur. And when this stuff is ragging on for weeks, and months, I could make a case for looking into some other things like that. And there's some good literature to support it. And again, there's some good literature to support it. And again, it's on that THC side, it is not an amount that would make you high. It is just a tiny little bit that seems to take the edge off of this stuff. Can we wrap all that stuff up possibly? So, look at dietary features, consider something like Sleep Remedy.

Nicki: Perfect sleep hygiene-

Robb: All the circadian, yeah.

Nicki: ... circadian rhythm.

Robb: Perfect sleep hygiene. Try to punt to a daytime class for Jiu Jitsu, if possible. And then, at the end of that maybe some sort of a 50/50 CBD, THC combo. And again, this would be something that ideally is short-term use. You just start getting back into a normal sleep schedule, and then you can titrate out of that.

Nicki: Yep. Okay. Our next question is from Lauren on sugar addiction, or the need for carbs. "Hi Robb and Nicki, I'm trying to figure out if I am a sugar addict, or if maybe carbs just help me function better. I've been generally eating low-carb and Paleo, with some forays into keto for the last 10 years or so. While my blood sugar issues have completely resolved, I still struggle with an afternoon slump where I often feel like the only thing that will make me feel better is a Venti Frappuccino with three extra shots, or something with an equivalent amount of sugar and caffeine. While I never indulge to that degree, I'll occasionally have some dark chocolate, fruit, or some other source of sugar. I'll

immediately feel 100 times better, and feel like a switch flipped in my brain, and I'm a brand new woman. I'm wondering if this indicates I am super addicted to sugar and need to cut it out, and maybe suffer a little before I'm rid of the addiction, or if this is just an indication that I am someone for whom keto is not ideal.

Nicki: For background, I'm 33 years old, generally healthy, and nursing a baby. When doing keto, I supplement with five to seven grams of sodium per day. Thanks for your time and advice."

Robb: There's something about this, that the whole hound dog ears ... Do you have any thoughts on this? I'm noodling here, but I'm just curious if you have any thoughts.

Nicki: I mean, my first thought is having some ... I mean, first thought is she's nursing a baby, so having fruit, or some dark chocolate doesn't strike me as being so out of bounds from a low-carb Paleo lifestyle, as to be like something to be concerned about. Unless you're having five apples, or you're really going overboard there. Especially as a nursing mom, having a little bit more carbs in your diet is not the ...

Robb: Particularly if-

Nicki: End of the world, yeah.

Robb: ... you feel fine with it.

Nicki: If you feel better with it.

Robb: Yeah, yeah.

Nicki: Yeah. She doesn't say that she's trying to lose weight, or what her ... Why she's so determined to stay keto-

Robb: So, what I'm trying to figure out is, is this a situation where the person's looked at the keto guidelines, and they're like, "Must stay under 30 grams of carbs a day, come hell or high water," when there's actually a ... There's this whole world of low-carb that exists 30 or 50, up to 150-

Nicki: 100, yeah.

Robb: ... grams, or something like that. So, and again this is where some day we will try to do a ... It would be so nice to do a few followup questions here. So, it sounds like she had some blood sugar issues in the past, which have largely resolved with this stuff. I mean, I don't ...

Nicki: I mean, an afternoon slump when you are a new mom, and you're nursing, and ... That all doesn't sound-

Robb: Unless you're like 15, I would be shocked. Yeah.

Nicki: Yeah, that doesn't sound ... That sounds kind of normal.

Robb: And if you've got a little remedy by having some fruit, or dark chocolate, or ... Yeah. I just don't see-

Nicki: It doesn't seem-

Robb: ... any downside to that.

Nicki: ... Yeah. I mean-

Robb: This is where it would be great to ask her, "Why sugar addict?"

Nicki: Well, maybe she was previously.

Robb: Okay, okay.

Nicki: When somebody says sugar addiction, I'm thinking candy.

Robb: They're really ... Right.

Nicki: I'm thinking the jars of jellybeans, and hard candy, and ...

Robb: Right. Lauren, I guess the long and short of it is, because we can't have this back and forth conversation directly, if you're feeling better than I would say go for that. And so long as this doesn't turn into a thing where you're like, "Oh man, now I feel like I'm more hungry all the time, and I'm eating more-

Nicki: You're craving more stuff.

Robb: Yeah, you're craving more stuff, than that seems totally fine. I'm just wondering if this isn't a situation where you're looking at keto as the hard and fast rules, and you're trying too hard to just color in those lines. So long as you are feeling good, I would do what makes you feel good. If you're eating largely whole, unprocessed foods, and you're rocking it as a mom, then that's great. It's funny, because these terms, like keto, and like Paleo, we saw somebody in the space running Paleo down the other day because it's elitist, and all this stuff. This is a person whose made a significant amount of money off of the Paleo concept, as an aside now is too good for it, and is now running-

Nicki: And has stopped using the term-

Robb: ... it down.

Nicki: Yeah.

Robb: And the ass-chapping thing about that, for me, is that these simple heuristics, these ... It's a simple story. Greg Glassman had a great thing. Eat meat and vegetables, nuts and seeds, some fruit, a little starch, no sugar. People can wrap their head around stuff like that. And it's helpful. And then we get in, and we have details that we get into. But if you have literally no guidelines, and people go for ... I'm not saying Lauren is this person, but if people are coming from just the standard American diet, which is really horrible oftentimes, people are going from one processed meal to another, to another, they have absolutely no idea what reasonable eating looks like, both in amounts, or in quality of it. So, you got to give them some lane lines. But then those lane lines can turn into religious doctrine, and that can certainly be a problem.

Robb: So, I'm just wondering if that's kind of the case here, and Lauren's being a little too hard and fast in defining keto, or whatnot. So, again just to wrap up on-

Nicki: And just to say one more time, because she says, "Maybe I'm a person for whom keto is not ideal." Keto is not ideal for everyone.

Robb: For sure. Yeah.

Nicki: Some people thrive on it, and some people ... And again, to Robb's earlier point, keto can be, depending on your activity level, it can ... You can still be in ketosis and be eating 100, to 150 grams of carbs a day.

Robb: Right.

Nicki: If you're activity-

Robb: Or maybe one day you eat 100 grams carbs, and the other day you eat 50 grams of carbs. There's some variability.

Nicki: But I guess asking the question, why is keto important to you? Is there a reason why you really want to do keto? Because it sounds like you've been eating low-carb and Paleo for the last 10 years, and if that works and you feel good, and that resolved your blood sugar issues, and it means having a couple pieces of fruit a day, or dark chocolate and that's where you feel the best, run with it.

Robb: Yeah, and we always tend to side with how can you eat and live in a way that you feel best, and also have the most latitude and freedom? For people like Mikhaila Peterson, that's steak, water, and salt. Because that's kind of her situation. I think she's even tinkering with some stuff there. But that's because she is literally sick on much of anything in addition to that. But that's not the recommended first whistle-stop I would make for anyone. Even if somebody had significant health problems, I'd be ... Maybe as an intervention, just to pull things back. Making it more and more strict just to make it more strict, just doesn't make sense to me. Again, unless it just works for people. Some people are like, "Man, I like the rules. The rules are liberating in a way." And for other people it makes them crazy. I never had any food cravings at all until I tinkered with carnivore, and then I was losing my mind. So, yeah.

Nicki: Okay. It's time for The Healthy Rebellion Radio trivia. And today's trivia sponsor is Drink LMNT. Drink LMNT is giving a box of LMNT recharge electrolytes to three lucky winners selected at random who answer the following question correctly.

Robb: Robb, is your piriformis flaring up on the right, or left side?

Nicki: Guys, we normally pre-plan these questions, and then I got to this section and it's blank. And so, that's why there was a long pause. But that's a great question, Robb.

Robb: It's flaring up on the right-hand side.

Nicki: On the right-hand side-

Robb: If anybody cares.

Nicki: ... if anybody cares.

Robb: Yeah, yeah.

Nicki: Okay.

Robb: I need to do my FRC and Kinstretch stretch, and get on that right buttock.

Nicki: So, right buttock, right piriformis is the answer to today's trivia question. To play, go to RobbWolf.com/Trivia, enter your answer, we'll randomly select three people with the correct to win a box of electrolytes from Drink LMNT. The cutoff to answer this week's trivia and be eligible to win is Thursday December 10th, at midnight. And winners will be notified via email, and also announced on Instagram. This is open to residents of the U.S. only. Good one, hubs. All right, our next question this week is from Annie, and she has a question about visceral fat. Can it go away without procedures?

Nicki: "Hey Robb, thanks for looking over my question. I'm a 51-year-old woman, 27 years a Hashi's, and I was just diagnosed with reactive hypoglycemia. Additional backstory, I've recently come through a three year ordeal with adrenal fatigue, and whacked-out thyroid. In a recent DEXA scan it showed that I have a layer of visceral fat, and a much higher general body fat percentage than I expected, which prompted my endo/functional med Doc to advise me to start taking Metformin. I cried. I feel like I lost. The scan results explain why I can feel the solidity of my ab muscles, but still have a section in my lower belly that is distended from under my ab muscles, and not the same quasi flatness of my upper abs. Even though I eat low-carb and keto, and do high intensity integral training/CrossFit/lifting three to four hours a week, I can not seem to get the fat from this area to reduce or disappear. Will these combined strategies, low-carb, exercise, and Metformin, shrink fat cells, or make the fat go away? Or am I doomed to this to be my new undesirable situation?"

Nicki: It's not simply about vanity, it's actually more about how I feel in a body that is not the one I have known and had to work with throughout the majority of my life. I've always been a mesomorph/athlete, and usually around 20% to 22% body fat naturally. And now I'm measured at 32%. My question is, is it possible for that visceral belly fat to go away or get smaller through my current course of action? Or is that only possible through outside tools and resources like cool sculpting? I realize that sounds pretty vain, but again it's a big change for my body and I'm not loving it at all. Thanks, Robb."

Robb: Man. Annie, I noodled on this one a lot. And first, you didn't fail, or lose anything here. It sounds like you've been struggling with some non-trivial health challenges with the Hashi's, and then having, even though folks don't like the term adrenal fatigue, the HPTA axis dysregulation. It's no joke, it is really challenging to deal with. You absolutely can make forward progress on this stuff, but it's interesting and worth note, when I see HIIT, high-intensity interval training, and CrossFit, and lifting, I start thinking, "Man, is this person doing too much-

Nicki: Too much.

Robb: ... too hard?" And I used to hit it hard myself, and my training now is ... I'll do the basis programming, and by the end of it I'm like, "Damn, that was a lot of work." I'm tired, but it's a different type of tired versus the knackerment that occurs-

Nicki: Like laying on the ground and making a sweat angel after doing-

Robb: Yes.

Nicki: ... a workout, like Fran.

Robb: Yeah. It's very, very different. It feels more like doing a day of yard work or something. It is just there's a lot of stuff that happens on that basis programming. And I suspect that there's probably too much intensity happening in this scenario, and I would look at that first. And then from there, we do ... This is where we would recommend going over and

looking at the keto gains macro calculator, or something like that, and really get a sense of where you are on the total food intake. And make sure protein is adequate, we've mentioned this before but when we do our resets anyone who has been struggling with weight loss, and body composition issues, they are never, ever, ever eating adequate protein. Never. And once we get the person to adequate protein, which oftentimes is like mind blowing, they're like, "Oh my God, I can't believe how little protein I was actually eating, I can't believe how much better I feel in this whole story," then ...

Robb: So, what I'm trying to scoot around here is that we will need to introduce some sort of a calorie deficit. Just training, and eating a caloric excess isn't really going to work. But a little hesitant at recommending that, because I also think that there may be some significant over training, and there needs to be just kind of a chill-out period that occurs where I think doing some low-intensity cardio, 30, 35 minutes a couple times a week, some standard lifting, and then maybe one day a week something like a Tibata interval on like a rower, or a ... exercise bike, or something like that. And even that I would recommend an 80% effort, max. You know you could do more, and you don't. I'm just getting the sense of chronic overreaching, over training.

Nicki: And Glassman used to talk about this a lot, he used to use the phrase the chubby aerobics instructor for people that would be teaching aerobics three hours a day, every day, but still had this visceral belly fat. And it wasn't from lack of activity, it was actually chronic over-exercising-

Robb: Chronic stress, and usually some bad diet, too.

Nicki: And bad diet, too.

Robb: Yeah, yeah.

Nicki: So, the over-training piece can definitely be a part, and be something to look closely at. And like Robb said, strength training, yeah, like you said, CrossFit can mean a lot of things. And more often than not it means kind of balls to the wall, you're laying on the ground afterwards, and that can be too much.

Robb: Yeah, yeah. And just circling back to that Metformin piece, I put a link to two pharmaceuticals, SGLT-2 inhibitors, I have a link to that, and that's a sodium glucose transport inhibitor. And then a GLP-1, the ... Not ghrelin, but ... Glucagon-like protein. And the point here, particularly with the SGLT-2 inhibitor, it's interesting. It's being used as a diabetes medication, and it causes the body to excrete about 100 grams a day of glucose into the urine, and it's working really well for a lot of people. And what's interesting is it, even in people who aren't eating specifically a ketogenic diet, they will find that their ketone levels rise and whatnot. And it's a really interesting pharmaceutical. I think that Metformin is a really interesting pharmaceutical. And I just bring this up in that it's great that people try to avoid going on, say pharmaceutical support. There's a potential downside to anything.

Robb: But some of these drugs are really interesting. The positives seem to generally outweigh the negatives, and viewing it as a bridge, as a ... Filling a gap to get you through a process. If you're dealing with reactive hypoglycemia, and that's causing all kinds of problems, getting that addressed is good. But bit needs to be part of an overall diet and lifestyle strategy that's kind of moving you in a positive direction. And again, my gut sense could be wrong, but I think that too much intensity is probably being placed in the exercise side, and we probably do need to circle back around then on the dietary side and figure out maybe she would do better on a higher carb and lower fat, or something

like that. These are some things that we would need to tinker with. But adequate protein, virtually nobody's-

Nicki: Definitely look at your protein, Annie.

Robb: Yeah.

Nicki: That's a big one.

Robb: Yeah.

Nicki: Yep. Okay. Question five of the week comes from Clay. He says he's carnivore, and was diagnosed with Alpha-gal. "Hey guys, big fan going back to the early podcast days. Read all your books also. Anyhow, enough sucking up. I started keto a little over a year ago, switched to 100% carnivore a few months in, along with intermittent fasting. I lost 70 pounds. Blood markers are outstanding, and I eliminated all inflammation and skin issues, and most importantly improved mentally. And I eliminated my anxiety. Last week I was diagnosed with Alpha-gal allergy from the Lone Star tick. That makes me severely allergic to mammal meat and dairy. Any suggestions on how to stay as close to carnivore as possible? I'm most concerned about maintaining fat intake, since chicken and turkey are so lean. Thanks in advance, Clay from Mississippi."

Robb: That is rough.

Nicki: I know, I read this question, I was like ...

Robb: Yeah. Avoiding meat consumption for weeks, months, even years can it down-regulate the immune response? There currently are no immunotherapies. Like a peanut allergy, where it can down-regulate the reactivity to peanuts, there's nothing like that yet. Some people do become less reactive with time. But you really need to avoid the problematic input. And so, this really boils down to you need to find protein sources that do work for you. Maybe carnivore isn't the best option here at this point, but if you're going to stay more in that keto carnivore world, supplementing what you can eat, fish, chicken, poultry, things like that-

Nicki: Eggs are probably okay-

Robb: Possibly eggs.

Nicki: ... maybe?

Robb: And then adding fat sources, like coconut, olive oil, stuff like that. We do kind of a Caprese salad pretty frequently. You would have to ditch the cheese on that, but cutting up tomatoes, and then generous amounts of olive oil, and a little balsamic vinegar, and kind of mixing that together, which again it's not purely carnivore, but it's in that carnivore-ish category. I think you just have to get crafty with how you do navigate this thing. And it really, really, really sucks. It makes me want to move to Iceland where there are no ticks. But, yeah.

Nicki: I don't know much about the Alpha-gal allergy, but is that something that after some period of time you could try reintroducing it, and it would be fine?

Robb: Well, I didn't flush that out. You should avoid any allergenic stuff, mammal meats, dairy, at least for weeks and months, and then try reintroduction and see. But not everybody sees-

Nicki: Regains the ability to eat them.

Robb: Yes.

Nicki: Okay.

Robb: Yeah. And I suspect as this problem grows, there will be some immunotherapies developed at some point. But this kind of plays into the great reset, evil vegan agenda of eat less meat, because it's good for you, and it's good for the planet.

Nicki: And you'll be happier.

Robb: So, I don't see a huge amount of will to get in and address this. So, yeah. It's definitely sucks.

Nicki: So, fish though, lots of seafood, fish.

Robb: Yeah, whatever he can eat-

Nicki: Snails?

Robb: Snails.

Nicki: Escargot.

Robb: Escargot. Yeah. Insects, possibly. Yeah. Yeah.

Nicki: Okay. All righty. Thanks everyone for joining us. Robb, do you have any final closing thoughts?

Robb: Got nothing.

Nicki: How's your piriformis now?

Robb: Tighter than ever.

Nicki: Tighter than ever, okay. We'll let you go.

Robb: It's on fire.

Nicki: We'll let you go stretch. Everyone, thanks so much. Remember to check out our show sponsor, Joovv, for your red light therapy device. Get an exclusive discount on your first order when you go to [J-O-O-V-V.com/robb](https://j-o-o-v-v.com/robb). That's R-O-B-B, and use the code R-O-B-B and you'll get an exclusive discount. Again, that's Joovv.com/robb. Thanks everyone, and we'd love to see you over in The Healthy Rebellion. You can go to join.thehealthyrebellion.com. And partake in all of our upcoming shenanigans.

Robb: Indeed.

Nicki: All right everybody.

Robb: Bye everybody.

Nicki: Take care.