

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 a 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: Howdy folks.

Nicki: Hello [inaudible 00:00:49].

Robb: Welcome back.

Nicki: This is episode 159 of The Healthy Rebellion Radio. Hope y'all had a fun and safe 4th of July, if you are in the United States and celebrating the 4th of July. We actually had the most fireworks we've ever had on any singular 4th of July ever. It was kind of crazy.

Robb: Do you want to flesh that one out?

Nicki: Yeah, we went to some friends for a barbecue, and they recently moved to Kalispell, from New Jersey, where fireworks are not allowed. And so their son, who, I think he's almost 21, just loves them. We brought some to contribute to the pile, but the pile was already-

Robb: Massive.

Nicki: ... massive. And so it was just nonstop. And they were fabulous. They were really, really good. And some new ones that I'd never even seen before. Because where we live, we can't do fireworks in our neighborhood because there's too much tree density, fire risk is too great. But these folks are on five acres, and have a huge pasture area. So it was-

Robb: Comparatively safe.

Nicki: ... comparatively safe. And we actually got some rain on the 4th of July, so thankfully, I think that helped mitigate any fire risk. But there are these new, I don't know if they're new, new to me, fireworks, where it shoots up and all of these little-

Robb: Parachutes.

Nicki: ... parachutes. Well, little explosions happen, and then the parachute,

because it is connected to a little, I don't know, thing of gunpowder, I guess, whatever it is, and so they all explode. But then the parachute sails downward, and so it's like raining parachutes. It was actually really cool.

Robb: They grabbed some things that were amenable for daytime viewing with fireworks, it sounds like.

Nicki: Yeah, before it gets super dark. So anyway, that was really fun. The kids had an absolute blast. They were helping with the igniting process, at least of the smaller things and the fountains, but not the larger-

Robb: Not the dynamite sized-

Nicki: ... more sketchy ones.

Robb: ... mortars, yeah.

Nicki: But anyway, that was fun. Anything else, Hubs?

Robb: I don't know, you tell me. What are you gearing up for?

Nicki: I don't know. I am gearing up for my iron, I guess they're calling it an Iron Maiden, Iron Woman, tomorrow evening, Friday evening.

Robb: So in the Straight Blast Gym tradition, in Jujitsu when one obtains their next belt rank, which Nicki is getting her purple belt, which is a major, major milestone, purple belts are these, as a white belt, are these mythical creatures that you both fear and wonder about and whatnot. It's a real achievement. So props to my wife-

Nicki: Thank you.

Robb: ... for that. But different outfits do different things to celebrate. Some of them, there's just a ceremony and you get your belt and there you go. Our friend John Frankl usually just wads up a belt and throws it at you at the end of class and that's that. In Straight Blast Gym. They have an Ironman where you roll with everybody who shows up at an event. Historically, this just popped on people somewhat clandestinely, but over time it's developed into a bit more of a celebration. It is definitely a test of one's nettle for sure, it's a hard process. And both Nicki and I are hoping that we're closer to 40 people than 80 people there, but it's-

Nicki: There's three or four women, but I'm not sure if one of them might be postponing because her back is bothering her. But four of us are getting promoted to women to blue Belt, me a purple, and another gal to brown. So it's all ladies, which is really cool. But it happens to be the evening before the founder of Straight Blast Gym, Matt Thornton, is here to give a seminar, so we're all a little nervous that there'll be a big turnout because that means you roll

with ...

Robb: There was a big turnout at our Wednesday class and a bunch of people I had never seen before.

Nicki: I know, I know. So yeah, so the celebration is, I don't know, it'll be fun, I guess, telling myself it'll be fun. It'll be over in less than 48 hours. So

Robb: Yup, yup, one way or another,

Nicki: And I'm not stressing about it at all, as you can tell.

Robb: And you didn't bruise your quad yesterday while rolling with your last roll, and a rather mellow role, but just still managed to-

Nicki: I drove my quad into a gentleman's kneecap in a feisty manner, so I have a little bit of a quad bruise, but I shall persevere.

Robb: Indeed.

Nicki: Let's see here, anything else-

Robb: I think that's it.

Nicki: ... you want to talk about. Okay.

Robb: For small talk.

Nicki: What did you dig up for us for a news topic?

Robb: Kind of an interesting piece that is hosted over at Zerohedge, of all places, and a root cause of mental illness, it has been proposed from a Harvard professor. I've seen pieces on this over the last couple of years, but this idea of a mitochondrial origin of mental illnesses is gaining traction. Historically what we've looked at and the root of psychiatry has looked at mental illness as the root cause being an imbalance of neurotransmitters, which there almost certainly is some sort of a neurotransmitter imbalance, but it really has always begged the question, well, why are these neurotransmitters out of balance and why are some people's in balance and whatnot?

So in an interesting twist, I remember it was, gosh, it was maybe late nineties, I remember talking to a friend of mine who was going to physical therapy school and I was really fascinated by metabolism, and he was kind of like, "Oh, we know everything about metabolism. There's really nothing interesting there. It's all the neurotransmitters and hormones and all this type of stuff." And he was further along the process than I was, so I wouldn't say I deferred to that, but it had impact on me.

And then as we've gone along, it seems to be so completely the contrary

and this mitochondrial theory of cancer, autoimmune disease, some elements of what seems to go wrong with the gut microbiota affecting the rest of the body appears to be metabolic in nature and whatnot, and so it's just a fascinating piece. And the crux of this Harvard professor's research is a ketogenic diet for mental illness, for a host of different forms, schizophrenia, depression, bipolar, and showing really remarkably powerful effects. And effects that don't also seem to include the remarkably high rates of issues that we see associated with the SSRIs and monoamine oxidase inhibitors and stuff like that.

Nicki: Excellent.

Robb: So we have a link to that in the show notes.

Nicki: Yep. We'll put that in the show notes for sure. The Healthy Rebellion Radio is sponsored by our salty AF electrolyte company LMNT. And as you all know, as listeners of this show, everyone needs electrolytes. But if you're active, if you are on a low-carb or ketogenic diet, if you work in a hot or humid environment, you really need electrolytes to feel and perform your best. So whether you're training for strength or endurance or just trying to make it through another grueling workday, make it a point to put electrolytes in your water. Your body and your brain will thank you.

And as you all know, grapefruit season is here. If you haven't tried it yet, there's still time. It's another awesome LMNT flavor that you can add into your rotation to keep you hydrated, energized, and ready to perform at your best. You can grab yours at [drinklmnt.com/robb](https://drinklmnt.com/robb). That's [drinklmnt.com/robb](https://drinklmnt.com/robb).

Robb: Cool.

Nicki: All right. We've got three questions for today, and I think three ladies. This one's from Raylyn on Giardia, H. pylori, and parasites. She says, "I've followed you for four years. I've read both the books, and I'm a huge fan of your podcast. Please keep up the good work of getting the news out there to us who are hungry for the truth. I've recently done a GI map test and the results showed that I had Giardia, H. pylori, and a parasite. I've heard Rob mention that he had Giardia in the past, and if I heard correctly that he still has issues with it. I'm working with a functional medical doctor and they have me on several supplements to correct the issues, but I just wanted to get another insight on what I can expect in my healing journey. Any sage advice to my treatment, and what possible ongoing issues should I be looking out for?"

Robb: Man, that's a good question. And first, Raylyn, it's interesting. We've been watching-

Nicki: Season nine of Alone.

Robb: Season nine of Alone, and at least one of the participants contracted Giardia and had to leave as a consequence. It seems like maybe two of the other

folks-

Nicki: There's a couple people that-

Robb: ... the other guy just left because he was super dehydrated, basically they medicated him out, they made him go home. They suspected some sort of parasitic infection, Giardia being-

Nicki: Both of the people were the ones that got beavers. Got

Robb: Got beavers and beaver are a vector for transmitting Giardia, so you have to be really, really careful with the handling and preparation and all that type of stuff. But Giardia has this really remarkable spectrum in how it affects people. Usually upon first exposure, one gets anywhere from mild to absolutely severe and crippling GI cramps, vomiting, diarrhea, and that will go on for a couple of days to a week and then it goes down to a lower simmer. People like me just seem to get crushed by Giardia and it took me close to three months to figure out that I had it and I lost an enormous amount of weight in the process of that. I already had gut issues brewing, but the Giardia, it just took everything that I had that was low grade and just put it on steroids. So I think I had low grade celiac and gluten intolerance, and then it became absolutely crippling celiac and gluten intolerance.

I probably had what would've been considered a low grade IBS, IBD, Crohn type disease, ulcerative colitis before the Giardia exposure. And then after the Giardia exposure, it was just horrible and crushing. It's worth mentioning this was two and a half years into a vegan diet, doing a grad program, way under sleeping, terrible vitamin D status, super high stress, so there was literally nothing going [inaudible 00:13:12]

Nicki: how old are you, your early twenties at this point?

Robb: It was like 24, 25 something like that.

Nicki: So this was before I met you.

Robb: Yeah, it was before we met. So I was young. I at least had youth on my side, which is probably the only thing that kept me from just dying at that point. But Giardia, so Raylyn, I mentioned all this stuff for background. You definitely have to go on something like Flagyl for the resolution of Giardia. That's a non-negotiable thing. There might be some sort of a natural therapeutic out there that could treat it, but man, you really don't want to mess with Giardia, in particular. It's interesting with H. pylori, if kids get exposed to H. pylori, H. pylori appears to be benign throughout life for people. Whereas, if you generally were not exposed to H. pylori as a child, then you get exposed to it as an adult, then it potentially is very, very deleterious. It can lead to stomach cancer, all kinds of digestive issues and whatnot. So again, there's just this huge spectrum.

But you mentioned a functional medicine doctor, so I'm hoping that they're an MD so that they can actually prescribe things, and if you're not doing Flagyl, I would really ask why not? Because Giardia can go into a low grade latent stage that can last years and decades. It grinds people down and will eventually kill them, typically from malnutrition. You just slowly whittle away, and this is in a developing country scenario where you don't get proper medical treatment. It just slowly whittles you down and you become more and more nutrient deficient until something else takes you out. So you really have to treat this stuff properly.

It's interesting that when you look at Giardia and celiac, Giardia and autoimmune disease, there are high likely or linkages between Giardia exposure and then subsequent increased rates of different issues. But it's not a guarantee, it's something to just be aware of and you really need to just do what we're always preaching. Good sleep, good vitamin D status, circadian biology, getting appropriate movement. If you're still sick and recovering from this, you definitely don't want exhaustive type activity. That is not doing you any favors if you're already beat down and sick from that.

I'd be really interested to know how long you've had Giardia. What precipitated you getting checked for this? Had you felt sick for a while? Like I said, there are people that can cruise around relatively asymptomatic.

Nicki: Like low grade?

Robb: It's low grade asymptomatic with Giardia, and they can cruise around like that for decades. And so there's just a big spectrum on that. The bummer about that is if you don't know that you have it, you can give it to a lot of people because the Giardia creates kind of a cyst. And then if there's any just tiny amount of fecal contamination, if you don't wash her hands exactly perfectly, there's just a variety of things that can happen. The relationship I was in before I was super sick and she was washing clothes, being very generous and thoughtful because I was sick, and she caught it from me because it just contaminated everything. I didn't know at the time that I had Giardia.

Nicki: Gotcha.

Robb: I just knew that I was sick, so gosh, what else? I'm just kind of jabbering on an idiot here. Don't expect things to just go completely south. I think that I just have a complex gut issue. I think Chris Kressler has talked about this, so I don't think I'm outing him, but he has pictures before he caught a gut parasite in Malaysia and he was thick, muscular, and jacked. And he looks kind of waify and always has, as long as I've known him. It absolutely fucking crushed him and he still suffers consequences of that, to this day. It just changes the gut morphology and the bacteria, and it's just one of these really life altering events. That, I think, is kind of the worst case scenario side of this stuff. And then there are people that get it and shake it off and they never show any untoward effects of it.

But this is one of those moments where the call in show would've been nice because I would've had a laundry list of questions for Raylyn on this. When do you think you caught it? How long do you think you had it? What were the signs and symptoms? Was she just cruising around asymptomatic and then this GI map said that she had Giardia?

Nicki: But why would you do a GI Map test if you didn't have something going on?

Robb: Yeah, I don't know.

Nicki: It seems like she probably had something, whether it was mild or just some sort of persistent issue of some sort. I don't see people going out and getting that test unless they-

Robb: Makes sense. But yeah, I would have a lot of questions and it'd be interesting to know what the backstory is at. One contracts Giardia from contaminated water, fecal contamination, usually backpacking, those sorts of things are the big deals. I got mine while snorkeling in the Yucatan Peninsula.

Nicki: Were you in the ocean or in a cenote?

Robb: So there's the question. It's a fantastic question because Giardia does not survive in salt water. There were shit loads of people, and so it was in an estuary area where the cenote water mixed with the ocean water and you could see the barrier there. And in the ocean water there were tons of people and there were tons of fish and tons of things to see. But over on this other side, the freshwater side, there were tons of fish and tons of things to see, there were just no people. And so you I went over there.

Nicki: So you decided to go over there?

Robb: And then later I was like, "Why aren't people over there?" And he's like, "Did you swim?" One of the guys, "Did you swim over there?" I'm like, "Yeah." And his eyes just got big and so he didn't say anything about that. And then it was about four days later that I got super sick, 103 temperature, vomiting. And Nicki, you'll remember from the show, the guy was burping and belching. It is just awful. And you get this smell. It's this very distinctive sulfury smell when the Giardia parasite starts chewing its way through your intestinal lining and it is fucking awful, just horrific. So, there are different ways you get it. It's usually waterborne or foodborne for Giardia, specifically. And then she didn't mention what other type of parasite.

And the *H. pylori*, again, it's interesting because it's generally regarded as a pathogenic organism, but depending on the time of exposure, it can be benign, possibly even helpful, or it can be really kind of gnarly and bad. This is where the natural history, this stuff, can get really interesting as a practitioner trying to sort

this stuff out. So Raylyn has Giardia, a different parasite and H. Pylori. Maybe H. pylori is a completely benign bystander-

Nicki: Non issue.

Robb: ... and a non-issue, but it's still going to end up getting treated as the process of doing this, which could ironically further alter her gut microbiota in an unfavorable way. But you have to treat the Giardia like that, as a non-negotiable thing.

Nicki: It makes me cringe at remembering the other gentleman on Alone who was just drinking the water straight because he-

Robb: And so far he's been okay.

Nicki: So far he's okay, yeah. He's from Mexico and he says that I've always just drank the water without boiling it.

Robb: [inaudible 00:21:25] in a non beaver area.

Nicki: Yeah, he hasn't gotten a beaver, yeah.

Robb: And he hasn't seen them. He's in a larger river.

Nicki: Right, right, he's in a different area. Okay. So maybe that's part of it.

Robb: Yeah.

Nicki: Well, we wish him luck because ...

Robb: We haven't finished the series, so we'll see how it plays out.

Nicki: No. All right. This next question is from Jada on physiological insulin resistance. "Hi Robb and Nicki, I'm hoping you can help me with a question I have about physiological insulin resistance. I know that this condition is a natural adaptation to long-term carbohydrate restriction, and it's been my understanding that it's not necessarily something to worry about. Do you have any evidence to confirm or deny this? Is physiological insulin resistance good, bad, or neutral?"

Robb: So a really interesting question. Honestly, the way that you couch this, "Do you have any evidence to confirm or deny this," it's a lot. There's a lot to unpack. The link that I have here is with Stephan Guyenet's old blog, this is from 2012 January, I believe, 2012 Whole Health Source, What Causes Insulin Resistance Part Five. So I put in the part five because this was the early days of the internet and it was difficult to put links to the new stuff you posted, so he has retroactive links to all the shit that he did before, so it's 5, 4, 3, 2, and 1.

And he talks about, and some of this information I would say now is maybe a little bit out of date, but it's pretty on point. He's very much in the



personal fat threshold, personal energy model threshold in which overeating leads to insulin resistance and then we start seeing problems emerge from there. He does talk about the specific question about carbohydrate restriction causing physiological insulin resistance, and this is so that glucose is spared primarily for the brain and the red blood cells and the tissues that must use glucose so that the rest of the body is goosed more towards using fat and or ketones as an energy source.

Now, is this good, bad or neutral? It's really hard to answer that, and I think to some degree this is going to be situationally specific. Somebody like Nicki, who is already insulin sensitive, there might be downsides to restricting carbohydrates to a degree, that you become physiologically insulin resistant. Maybe it has some untoward effects on thyroid and some things like that, although I think a ton of that is related to sodium inadequacy in that low-carb environment. It's interesting in that many folks have suggested that when people become metabolically inflexible and they lose the ability to properly handle glucose, that if they go on a low-carb diet, they magically become metabolically flexible because they're burning fat as a primary fuel source. Metabolic flexibility means that you're able to go back and forth between fat or carbs, relatively seamlessly, which Nicki, you are a textbook example of that.

I'm a textbook example of not that. I do best, not necessarily being metabolically flexible, but relatively metabolically healthy by eating a generally lower carb diet and producing ketones and running directly off of fat for the most part. I'll sneak in a little bit of fruit in the summer months and whatnot, as I tolerate it. We've seen this, I've tried this experiment where I'll start titrating up carbs and I just get on this carb rollercoaster. I just get this disproportionate insulin response or some alteration in my gut. I don't know exactly what it is and I feel like shit and then I go back to more or less a ketogenic approach and I feel fine.

So I think that whether this is good, bad or indifferent is going to be dependent on your situation. I think that we could at least make the case that if we are physiologically insulin resistant, but not challenging the body to dispose of glucose in an untoward way, there shouldn't really be all that much of an issue there. It is a very different than being insulin resistant, yet hyperinsulinemia, in the overfed state. Where we aren't responding to insulin and oh by the way, our insulin levels IGF-1 levels, all these growth factors are pegged out, they're really high. That is a really different physiological state than relative insulin resistance, but also relatively little need for insulin because of the comparatively low-carb environment and whatnot.

So that might be, maybe, my most compelling case for why it's probably benign for the most part. But it's funny, this is one of our shorter questions in a long time, but to do diligence to answer that would take a lot, take a massive amount to really paint every corner of that house, yeah.

Nicki: Well, much like anything, it sounds like a lot of it is n=1, so depending on your personal situation and gut health and-

Robb: How you look, feel and perform, I put so much stock in that. If you get up and you look in the mirror and you're like, "Oh, I'm not doing too bad," and you get out and you perform your activities of daily living, whether it's physical-

Nicki: Cognitive.

Robb: ... doing Jujitsu, cognitive or whatever, and you just feel like you have a "joie de vivre," a little joy of life, probably doing pretty good. And short of that or lacking those things, I think that that's where we really start digging in and asking some questions about, "Well, okay, do we need some more carbs? Do we need fewer carbs? Was the sleep disturbed? What is in that four pillars of health that isn't happening, that's not facilitating that."

Nicki: More optimum expression.

Robb: Right, yeah.

Nicki: All right. And I will link to this post from Stephan Guyenet's blog and then you can dig back to all the previous parts of the five part series. Okay.

Our last question is from Anne, and she's saying that she's confused on what to eat. Anne writes, "Thanks for all the work you do to keep us all informed. I have a question, and I should start with that. I am five foot nine and 165 pounds. My journey began in 2014 when I weighed 290 pounds and started a bulletproof diet. I did that for about four years, and then I started a carnivore diet. I did that for four years also. I've lost the weight, but now I just want to eat a balanced diet. I now eat about 140 to 160 grams of animal/fish protein and about 80 grams of both fat and carbs. Carbs consist of fruit and veggies and the fat consists of butter, ghee, olive oil, olives and avocados.

Should I take electrolytes or should I just do Redmond Real Salt and water? I had to when I was carnivore, but do I have to take anything now? I also think I kind of had an eating disorder and now I feel really straightened out, but everyone's talking talk that you need to eat this or you might die. You need to eat that or that's wrong, or you have to eat this to be healthy. Can I just eat normal or is the way I eat not normal? I'm very confused. Can you help?

Well, Anne, what you're describing-

Robb: First I want to say great job. Great fucking job going from 290 pounds to 165 over a 4-8 year period is-

Nicki: Amazing.

Robb: ... fucking amazing and awesome, and God, I wish we could get more

people to do that.

Nicki: Big serious kudos for that. And what you're describing with what you're eating sounds spot on. I mean, you're eating. We always recommend about a gram of protein per pound of body weight, and you're right there and you're eating animal and fish protein. Fat and carbs seem fine to me. I don't know what-

Robb: Yeah I think that's awesome.

Nicki: ... and the makeup of those fat and carbs are real whole foods and nutrient dense foods. So nothing that you've described here is throwing any red flags or alarm bells for me. And if you feel good eating this, there's nothing that's going to put you in a state of nutrient deficiency or anything with what you've laid out here. As for your electrolytes, I mean you're doing a lot of olives, but you might want some.

Robb: Let me jump in on that. Everybody has to consume electrolytes. That doesn't mean that everybody has to drink LMNT or consume Redmonds Salt.

Nicki: Exactly.

Robb: Specifically, we need sodium. We need potassium. We need magnesium. We need calcium. We need phosphorus. We need chloride. Our body makes carbonic acid so there, but we have to have electrolytes. So, just understand that, that either comes with the package, like Nikki alluded to the fact that you're eating olives. Man, they're not that great of a fat source because you got to eat a shitload of them to get any appreciable amount of fat, but they're a wonderful sodium source because they actually taste good. And so you could potentially get all the sodium that you need from that, and then you're probably good on your potassium, magnesium, calcium beyond that.

Nicki: From your food sources, yep.

Robb: I will throw out there that I feel really comfortable suggesting that most folks are best off at somewhere between four to six grams of sodium per day. If you are on the lower carb side, which you still are, 80 grams of carbs is still a little bit on the lower carb side of things, that increases your sodium needs, in particular. If you are active, if you live in a hot or humid environment, all of that stuff increases your sodium needs specifically. And it can double it from baseline, so you may need 10 grams of sodium per day.

Do you ever feel foggy headed? You go from seated to standing and feel-

Nicki: Dizzy.

Robb: ... lightheaded and dizzy. Do you ever get toe cramps or anything when you're out doing a walk or working out or anything or just cramps in general? Those are all pretty overt signs of inadequate electrolytes, specifically sodium.

You do need to top off your sodium levels by hook or by crook. If you like the Redmonds, use the Redmonds. If you want to eat more olives, do more olives. If you want to do some LMNTs-

Nicki: Pickle juice.

Robb: ... Yeah, pickle juice. Whatever, but you can really go by symptom and address if you need a little bit more sodium. And it's kind of funny, you just have this lassitude.

Nicki: You feel like you're dragging a little bit.

Robb: Kind of draggy.

Nicki: Like, "Gosh, I just can't get my-"

Robb: Do I need another coffee?

...

Nicki: ... stuff together today."

Robb: Maybe I didn't sleep that well and then I'll have some electrolytes and I'm right as rain. It's shocking and it's frustrating because I had 25 years of not really being buttoned up on that 20 plus years of eating low-carb and being active and being pretty woefully electrolyte deficient throughout almost all of that.

And then circling back around, I really like Nikki, what you were saying on the food side. And yes, you'll have some quarters that will say you are screwing up because you're eating animal protein at all. You'll have some of the Ray Peat people all up in your junk because you're eating fish and that's introducing too much EPA, DHA, and it's too much oxidative stress eating those types of fats. God, what else is in here? If you ever eat a salad, then the really carnivore leaning people are going to freak out because a salad's going to fucking kill you and on and on and on. I do think this is one of these things where if you figure out a process that works pretty good for you, I wouldn't say put blinders on nutritionally, but you almost do. Find another topic to get interested in. You find the shit that works for you with your food, stick with that until it doesn't, and then really dial that down to a low consumption point because everybody's got an opinion and almost everybody's right in some circumstance.

Nicki: For some people.

Robb: And then it's almost always wrong for almost everybody else, depending on how narrow the recommendations are.

Nicki: Yeah. No, if you feel good, what you've described is spot on and if you're feeling good, then just put ear plugs in around the people that are-

Robb: Giving you issues.

Nicki: ... giving you issues, yep, because it looks great. And again, great job, wonderful progress. I think that's our last question. Any other closing thoughts, Hubs?

Robb: Got nothing.

Nicki: You got nothing.

Robb: You're going to do great at your Iron Man.

Nicki: Thank you. I didn't have to Iron Man for my blue belt because John Frankel gave me my blue belt. And as Robb mentioned earlier, he doesn't have folks Iron Man. So this is my first time going through something like this and hence a little bit of trepidation. But people that have gone before me have said, you just kind of get on autopilot and after the first five people, you don't even see who's coming at you and you just do your thing. I'm hoping that's-

Robb: Accurate.

Nicki: ... accurate. Yep. Anyway. All right folks. Anything else?

Robb: Nope.

Nicki: You're done? Nope. Okay. Enjoy your weekend. Get some sun if you have sun around you and we will be back next week with another episode. Thank you all for tuning in. Please check out our show sponsor, LMNT, for all of your electrolyte needs. Remember, you can grab yours at [drinklmnt.com/robb](https://drinklmnt.com/robb). That's [drinklmnt.com/robb](https://drinklmnt.com/robb), and we will see you all next week.

Robb: Bye everybody.