

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: Hey folks, welcome back to another edition of The Healthy Rebellion Radio.

Nicki: Another episode of The Healthy Rebellion Radio. This is episode 172, and baby, it's cold outside. We've got snow.

Robb: We do.

Nicki: Which is, we're actually cheering for it because our oldest daughter has been...

Robb: In a fugue.

Nicki: In a bit of a fugue for the lack ... We've had a very uncharacteristic October, November, and first week of December. Apparently for this area of Montana, normally you get quite a bit of snow and we had a big storm, was it right before Halloween?

Robb: Yeah.

Nicki: And then, it's been gorgeous. Almost like this protracted fall. The other day, it was 58 degrees, warm, beautiful. And finally, we have a little bit of snow, so she's cheering because she's our sled dog, all things sled dog focused person.

Robb: And she loves the cold and to test the heat.

Nicki: Yup. So, she's ready for some snow so she can get her dog out on the sled and do the thing.

Robb: Do the thing, Julie.

Nicki: Oh, yeah. What was that? I'm blanking on that.

Robb: It wasn't The Last Airbender.

Nicki: Do the thing, Julie. No, it is...

Robb: The legend of Korra.

Nicki: Okay. Yes. That's a kind of a side little caught me off guard. All right. Wow. Let's see. Anything else upfront, Hubs, before we jump into our news topic?

Robb: Nope, nothing upfront. It's all on the backend.

Nicki: Okay. News topic, please.

Robb: So, this one is from futurism.com. The title is Snack Food CEO Vows to Battle Ozempic. Ozempic, being one of these originally kind of diabetes drugs, but they're being sold as weight loss drugs, seem to be very effective other than in the situations in which they make your stomach not work ever again. But apparently, they're working well enough that this Snack Food CEO is a bit verklempt over the potential that people may stop eating so many junk food.

So, as a popularity of appetite suppressing drugs like Ozempic and Wegovy continues to skyrocket, one of America's chief snack food overlords is readying himself and his company's delicious treats for battle. As Bloomberg reports, Kellanova CEO Steve Cahillane?

Nicki: Cahillane.

Robb: Cahillane.

Nicki: Cahillane.

Robb: ... whose company owns Cheez-Its, Rice Krispy Treats, and Pringles, among other beloved though decidedly unhealthy snack brands, has his eyes on the incredibly popular diabetes-management-turned-weight-loss drugs and the impact they might have on his sales.

So, I just thought that it was fascinating on a bunch of different levels. One of them is that hearkening back to what we tried to cover in Wired to Eat, I think that all things weight loss and body composition and all that, the rubber hits the road at the neuroregulation of appetite, period. And maybe, you get satiety from high carb, maybe you get satiety from low carb, maybe you get satiety from high protein or whatever it is.

And this makes me think about Ted Naiman's PE diet, protein energy diet, where you're basically trying to eat foods that are as satiating as possible with the lowest energy density as possible if the goal is like fat loss and whatnot.

So, all the other bullshit aside, the focus needs to be in appetite maintenance and control. And that may be different from person to person. This may be completely obvious, but it just amidst all the diet wars of high carb and low carb and insulin and this and that, really at the end of the day, if people are hungry or they still think they're hungry because they're bored and they just have

been habituated to eating, then this is where the problems arise.

And then I also find it fascinating that, I mean, fucking Rice Krispy Treats and Pringles are pinched over the possibility that they may-

Nicki: Some people won't, yeah.

Robb: ... some people may not eat them. Like, damn. Maybe these drugs are working better than what I thought they were. So, anyway, interesting, newsy piece and just thought it was fascinating on a lot of levels.

Nicki: It's also just so interesting sales above all else, even if he was selling some sort of poison that-

Robb: Well, they are.

Nicki: Yes, I know, but this company has so little regard for the health of its customers, obviously by ipso facto the thing that they're making. But yeah, I don't know, it's just kind of...

Robb: It's interesting because you have these publicly traded shareholder invested companies and they're obligated to produce a profit, period. And this is where people will, "Oh, well, capitalism's horrible." And it's like, "Oh, fucking save it." It's like, communists are going to do this better. It's like, yeah, you don't get any food now.

Nicki: One Rice Krispy Treat per month.

Robb: Yeah.

Nicki: And that's all you get.

Robb: One grain of rice per month until you're gone because the population is too high. But it is interesting in that where ... Bret Weinstein talks about this a lot that markets are great at optimizing for an output, but it doesn't inform what the values are of what you want to optimize for. And right now, like a healthy populace, okay, so maybe some of these food companies are winning on one side because of their profit margins. Are they going to win long term because of even employees that are sick and the general implosion of the healthcare system and whatnot? I don't have a good answer to it. We're not going to overnight revamp the snack food scene.

And then we just have the influence of sugar into the dietetics profession and processed food, where it's disordered eating to protect yourself from eating this shit and the diet culture healthy at any size warriors. I want to say these people are well-intentioned. Although I think the vast majority of them are too dumb and too unsophisticated to find a way of generating interest on the part of people around them. So, they tap into this just ridiculous inbred approach to

appealing to people, which is, "Oh, honey, you're okay just the way you are." And yes, we are okay all the way we are, but if you're 5'3" and 300 pounds, then you're going to-

Nicki: There's other knock-on effects.

Robb: ... and you're 22 years old-

Nicki: There's other knock-on effects-

Robb: ... you're going to have all kinds of problems.

Nicki: ... like blood work, your joints, just ability to enjoy life and do things that require movement and activity. And so, there's definitely, yeah, it goes beyond the size, just like what can you do? What is your quality of life?

Robb: Yeah, and I guess more to my point is just that we have big, and I guess this is like we talked to Chris Kresser about this stuff a lot we're in what he called and other people have called a post-truth reality. And everything is questioned. And I guess in some ways, that is the way it should be. But there are some hard truths to the world, like being overweight is going to statistically increase your likelihood of a variety of problems. And we can't deal in those truths. And then that's going to cause all kinds of problems down the road.

And I'm not entirely sure how to address it. I was talking to Nicki this morning that I feel like I should be on social media and all these places just railing against so much shit. And then part of me is just like, I don't know that it matters. I could just go and go and go. And I do have people say, "Hey, I really appreciate your perspective. I hadn't thought about it like that. You're a good voice of reason when I'm not just completely losing my mind on it." And that's all well and good, but it could be an absolutely full-time job. And there's always the-

Nicki: And to what end.

Robb: ... the thread. It's to what end.

Nicki: Yeah, there's lots of people whose entire career is being that person online and that's what they do. And I don't think that that's your...

Robb: Superpower?

Nicki: ... superpower. No.

Robb: Okay.

Nicki: Okay. Moving on. The Healthy Rebellion Radio is sponsored by our salty AF electrolyte company, LMNT. Hydration is crucial for health and performance. And if you find you're not feeling your best, you may need more electrolytes, particularly sodium. LMNT has all the electrolytes you need with none of the

sugar that's common in most electrolyte products on the market. So, remember, if you eat low-carb keto, if you're an athlete, if you get muscle cramps, if you're a breastfeeding mom, if you have POTS, or even if you're just feeling the afternoon slump and want a natural energy boost without caffeine, LMNT is for you.

And just a reminder that we still have the new limited time LMNT chocolate medley available. This 30-count box contains 10 of each of chocolate chai, chocolate mint and chocolate raspberry. And again, it's limited time, so available as long as supplies last. Grab yourself a box or maybe even as a holiday gift or stocking stuffer for your loved ones. You can grab those at [drinklmnt.com/robb](https://drinklmnt.com/robb). That's drink L-M-N-T dot com slash R-O-B-B. Get cozy, snuggle in with a hot mug of LMNT salty goodness.

Robb: And I'll just throw out there, I think that Nicki would pay you any of y'all two to one chocolate mint or chocolate for...

Nicki: The chai.

Robb: ... chocolate chai.

Nicki: The chai is my-

Robb: There's probably a solid black market opportunity.

Nicki: Seriously, it's so good. Yup.

Robb: Okay.

Nicki: Okay. We're just going to tackle two questions today. We had two fairly lengthy questions, so we're just doing these two. And this first one comes from Jonathan. He says he has a shitty question on digestion and regularity. "Hey, Robb and Nicki, longtime listener, first time caller. I've been listening on and off since the paleo solution days with Greg Everett. Six listeners can't be wrong.

Quick backstory, about a year ago, I had about a food poisoning and developed a weird aversion/anxiety around eating for a few months after. I got through it with meditation and cognitive behavioral therapy and completed the NVA hypnotherapy course recently, which was pretty nice.

I think a lot of IBS symptoms that I developed came from anxiety, panic, hypervigilance, and fixation, and have mostly subsided as I worked on it. However, I still have problems with regularity. I'll have a few days of slow digestion and some heartburn, bloating and gas, and then a few days of everything coming out with some moderate to severe, get your ass to the bathroom quick mixed in, then back to slow. You get the picture. It's like things get backed up, then move all at once, rinse and repeat.

I went to a GI doc and he was pretty not helpful. Tested for celiac, I don't

have it, an IBD, I don't have it. Then he told me to, 'Yeah, drink Metamucil and maybe if I wanted, follow a low-FODMAP diet or whatever, man. Oh, and stop drinking kombucha. Good luck.'

I also did a Viome test and told me my overall gut health was good, but digestion scores were poor and have some very vague dietary recommendations, though I haven't tried their probiotic yet. Anyway, with the testing behind me, I went down the path of looking back at diet and driving myself insane. It's just so hard to pick through the noise. Fiber is good. No, fiber is not necessary. Eat yogurt. No, actually dairy is bad. Take probiotics. No, probiotics don't matter. Take prebiotics instead. It's probably SIBO, bro, but you can easily check for that, and on and on it goes.

Okay, so my actual question is, are there any general dietary or lifestyle non-negotiables you would recommend to help with digestion and regularity? What are the food or diet boxes to tick? Maybe there are even some supplements or other potential things like Zone 2 cardio, abdominal massage, cold showers, anything. Pretty healthy otherwise, with my exercise being Wendler powerlifting and rucking, but I don't follow a super strict diet.

I do now super enzymes before the first bite of lunch and dinner and take probiotics on and off along with some fermented foods. I try to drink a lot of water, but fiber drinks tend to give me some stomach upset. Appreciate you taking the time to read this. Thanks for any help you can give."

Robb: Oh, Jonathan. So, I mean, even though, and I forget the exact distinction between we have a rampaging dog, IBD and IBS, IBD being irritable bowel disease and IBS being irritable bowel syndrome. The syndrome part of it, which is just more this the manifestation of you're backed up one day, loose the next day, or you don't want some sort of a cadence like that. That is classic IBS. And it's oftentimes really hard to unpack.

I've had mainly the loose side of this, although we've talked a little bit about how I think going off of coffee, it improved my digestion quite a bit and the loose side has been better and my tolerance of vegetables has improved and stuff like that. And although I love meat, like goddamn, a salad's nice every once in a while.

I'm one of those crazy people that likes putting some vegetables in my soup, even though I know Saladino and all these guys are like, they're trying to kill you. But it's just like I actually enjoy them and a little bit of ... I struggle eating enough. And so, even the little bit of palate variety that vegetables bring, I'm actually able to eat more food in total because I'm not just totally bombed out on stuff. Okay. So, just some of that.

Jonathan, you said near the end that you're not super tight on your diet. You're going to have to be. You're going to have to pick some sort of, I think, some sort of a reset elimination type diet. And that could be basic paleo. It could

be autoimmune paleo. It could be keto, could end up being some iteration of carnivore. But I think what you need to do is you have to figure out something to do that is going to get you to a spot where things are normal, reasonably normal.

And it is tricky. I don't know that I would go carnivore, given that you have days of really backed up. Carnivore could be great for a lot of people who tend to just have the constant diarrhea and loose stools, but the fact that you get backed up on the front end, I don't know if that would necessarily be the smartest thing to do. But even though you didn't flag for celiac, there is still nonceliac gluten sensitivities that are out there. There are dairy sensitivities like A.One Dairy. Fuck, man. There's so much stuff. There really is so much stuff on this just at the food level. So, I do think doing something like...

Nicki: Thirty-day elimination.

Robb: ... 30-day paleo, elimination deal.

Nicki: Get really clean.

Robb: I think basic paleo is good. That's a solid spot to start. You alluded to some things like the massage and belly breathing and things like that. Anything that improves our parasympathetic state outside of training I feel like is a boon for digestion because shit just works better. It's like that rest and assess part of our physiology. If it's off a little bit and we're in a little bit of that sympathetic dominant state, that can really make things a bastard. So, I pick a laundry list of those things.

Certainly, looking at sleep as a baseline. What time do you go to bed? Are you getting in bed late? Or maybe you're getting eight hours of sleep, but you're in bed at midnight. If you could make that 10:00 PM instead of midnight and you still have the same eight hours of sleep, it's going to be more restful. And if it's more restful, more restorative, the tendency for whatever the wonky immune responses in the gut due to incomplete or inadequate sleep, it's improved. The intestinal permeability and just GI inflammatory response from poor sleep or poor circadian biology is jaw dropping. It's amazing.

So, food, sleep, sounds like you're pretty good on the exercise. You're not killing yourself. Although doing some Zone 2 cardio is great for resetting that parasympathetic side of things. Doesn't have to be every day, maybe three days a week. Grab a Morpheus platform, plug yourself into that or any-

Nicki: Any heart rate monitor.

Robb: It could be anything. Any type of heart rate monitor. Anything that has an HRV function on it. Like a bunch of people in our gym use the WHOOP. And it seems to be good in that when they will notice that their HRV and their recovery is dog shit one day and they're like, "Oh, I was right on the verge of getting sick." And so, it picks up that stuff.

And so, if recovery and HRV and all that are trending in a favorable direction, then it's going to reflect favorably on your digestion. And then having one of these external monitors or guides to give you a sense of what Zone 2 cardio actually looks like, I think is really valuable because it's really easy to overdo it.

Nicki: And he mentions that his doctor flippantly said, "Oh, and stop drinking kombucha." And I wanted to touch on that because of your kombucha experience. And it sounds maybe silly, but there might be something to it.

Robb: So, Jonathan, I don't know if you listened or when this question came in, but a couple of podcasts back, I talked about some of my genetic screening that Dr. Anthony Jay went through. And I seem to have some pretty high potential reactivity to mold.

Nicki: Fungus type things.

Robb: Fungus generally, mold in particular, and probably some exposure, certainly some exposure as a kid. And then, so some environmental issues that worsened some genetic predisposition. And I was at an event with Diana Rodgers several years ago and they had kombucha on tap and the stuff was amazing. And it was in Virginia in the summer and it was hot and the stuff tasted great and I drank a bunch of it. And my guts were broken for...

Nicki: Like three months.

Robb: ... three months, four months.

Nicki: It was a long time.

Robb: It was really, really bad. And it took a long time to get on top of it. It finally normalized. And then I had one kombucha somewhere after that and it was immediately back to the same thing. Only it didn't last as long. So, the no kombucha thing, I'm glad you mentioned that because I noticed that, too. It might actually be a thing. If you are drinking kombucha, you might have some reactivity to it. So, that would be one of these things that I would, if you are drinking it, I would try pulling that out and see how you do.

Nicki: So, for overarching his 30-day plan, like we're cutting out gluten.

Robb: Kind of a paleo reset, ideally.

Nicki: Yeah, so gluten, probably dairy just to see, because dairy can infect people with constipation and whatnot, too, depending on how they respond. So, gluten, dairy, maybe even coffee and kombucha.

Robb: Yeah.



Nicki: Those are the big.

Robb: Could certainly throw that in. Maybe go black tea instead of the coffee.

Nicki: Yeah. And then, maybe throw in some Zone 2 cardio to see how that affects.

Robb: Yeah, yeah. And depending on what time your go to bedtime is, if it's on the later side, try to make it earlier. So, doing some diligence on the circadian biology. I mean, gut stuff is just so crazy. There's so many different ways to influence it that I think being scientific is nice. It's like we're going to change one thing and then see what happens. You could spend your whole life ... With gut stuff, I feel like you have to just shotgun approach.

Nicki: Cut it all out one month and then slowly one thing at a time...

Robb: Reintroduce.

Nicki: ... reintroduce, and just see how you feel with those.

Robb: Yeah, absolutely.

Nicki: I feel like we just gave Jonathan a really like bumner of a message. Okay, Jonathan, please if you try that, please let us know. Write back and let us know how you're doing and if any of that helped.

Robb: Yup.

Nicki: Okay. Our next question today is from Nancy on GERD, ammonia breath, and macros. "Hi, Robb and Nicki, I've been one of your six listeners since the Paleo Solution podcast days. And first, just want to thank you both for the wealth of knowledge you continue to share. Your curiosity, smarts humility and sanity have been a godsend, especially over the last three years.

Okay, here it goes. I'm having two troubling issues and I'm wondering if they are related. First, I've had what I'm pretty sure is undiagnosed GERD for about the last three years, but a recent overindulgence at a cookout sent it over the top. I don't feel so much heartburn as bloating in the stomach, not abdomen, along with a dry cough mostly at night, a globus sensation in my throat, the feeling of postnasal drip and even fluid in the middle ear when things really flare up. Oh, and the first symptom I ever noticed was after an emergency appendectomy when I discovered my tooth enamel was being corroded. Coincidence?

To mitigate symptoms since this recent flareup, I've been sleeping propped up at a 45-degree angle, chewing my food into oblivion, walking after meals, practicing diaphragmatic breathing, and hoping like hell to get a handle on this without meds before it destroys my esophagus. Tried pickle juice, apple cider

vinegar, and ginger. Very modest effects at best, but tasty.

Question two or the second part, no one has had the balls to tell me this, but I'm pretty sure my breath smells like urine. I constantly smell it on the rim of my drinking glass and no, I'm not drinking pee. Also did the lick the wrist test and got the same smell. The internet wants to convince me I have chronic kidney failure, but my kidneys appear to be working fine. No pee issues at all other than smelling it where I shouldn't.

For context, I'm a 56-year-old postmenopausal female, five foot eight, 150 pound mesomorph, active daily, yoga and hiking, in good shape, strong immune system. I don't smoke or drink other than a glass of white wine once a week. I have regular near perfect poops. I eat fairly clean, whole foods plus olive oil, butter, the occasional white basmati rice and super dark chocolate with a long never fully consummated flirtation with keto. Hey, fat is flavor, what are you going to do?

I also pretty naturally tend to stick with a 16-8 fasting feeding window, skipping breakfast most days. I'm wondering if despite getting a decent amount of vegetables, fruit and rice-based carbs, my high fat intake and the intermittent fasting might have generated enough ketones to make my breath smell pee-ish, or if that's almost always a sign of too much protein. The thing is, I don't typically get more than 40 to 50 grams of animal protein a day. For example, two or three eggs for lunch and a six-ounce slab of salmon for dinner. And as a postmenopausal woman, I feel my protein intake is already low.

My hunch is that the pee breath and GERD are related, but I'm not clear as to how. I'm wondering if I am getting enough fat to be in ketosis, could the fat in my diet be causing the GERD or is it more likely that I'm not actually in ketosis, but that the GERD is causing the pee breath? And do you think the appendix surgery could have caused the GERD while with things getting shoved around in their willy-nilly? Apologies for the long-winded question palooza. If you're able to offer any insights, they would be very much appreciated. Thanks again for all you do."

Robb: So, for anybody still listening, this is why we only went with two questions this week because, fuck, both of them have a lot going on. Nancy, let's start from, can we go to the-

Nicki: From the back, yeah.

Robb: Yeah, and work our way back. I do think that the appendectomy could have been a precipitator for the GERD. Clearly, an appendectomy can be lifesaving, but it could also really put things into a tailspin for the digestive system. We're pretty sure that the appendix, at least part of its function is supposed to be there as a repository for a beneficial flora, like if we do get some sort of a parasite or gut bug or something like that.

And so, the removal of the appendix, again, although necessary and important in acute life-threatening situations can have these gnarly, long-term chronic effects. Not always, but it certainly can.

In general, what I've seen with GERD is, man, 85, 90% of the time it's usually excess carbs. And if we can get people to dial carbs down, then they do great. And if you do a little poking around on GERD etiology, you don't get a ton. You have to get a little bit more granular and almost stack the deck in your favor. You go GERD, insulin resistance, GERD, metabolic syndrome, GERD, syndrome X, all these types of things. And you start getting all kinds of hits on that.

Usually, review papers or statistical analysis papers, I don't know exactly. There might've been at least some correlational trials have now that I'm thinking about it, where they just look at the ... They will take people with GERD, screen them for metabolic syndrome. It's like 75% of the people with GERD flag with metabolic syndrome. It's not everybody.

But even then, when we're diagnosing metabolic syndrome, I always wonder what constitutes insulin resistance in one person may not ... One person's insulin resistance, it doesn't look that bad at a population level, maybe pathological at an individual level. So, there's that stuff.

But it doesn't really sound like she's doing a ton of carbs, but it's hard to tell with this stuff. I will say that for some people, think this thing through, for some people like excess fat can be problematic in that maybe they're not releasing enough bile salts to emulsify the fat. Usually, you notice that a bit further down in the gut, which actually could be some of this, what you're perceiving to be the pee smell.

Like if instead of the fat getting absorbed and properly digested, if it's ending up more in the large intestine and colon, then you get some funky bacterial fermentation of the fat and breakdown of the fat at the bacterial level, which can produce some really wacky aldehydes and stuff like that that can smell really bad. And so, that could be where this stuff is coming from.

I'm not even entirely sure where to start tracking this stuff down. I think some blood work would be interesting to see if urate levels or some of these other metabolic byproducts are elevated. And what sucks is you would want to send somebody to a GI doc and god, they're just about uniformly worthless with this stuff. It's again, if you are literally bleeding out your ass and you're dying, they've got something for you. But then short of that, it's just like, it's really rare that you have somebody that has a functional medicine background and they happen to be a GI doc.

This might be a case of trying to find somebody within the adapt practitioner program to do some screening. I feel like there just needs to be some testing, like some of the SIBO testing or you are producing some of these weird

either sulfur or hydrogen byproducts, which those things, the production of that gas can push stomach acid up through from the stomach into the esophagus. And that could be a driver.

But I hesitated on taking this one because of the complexity, but just was hoping that we could maybe give some things to tinker with. But I really think you need to find somebody who, like a Dr. Ruscio or maybe Lily Nichols or someone like that, that can order some tests and help to guide you through digging this stuff up because there's clearly something pretty complex going on here. And again, with gut stuff, we discussed in the previous question, there's so many different angles to go after this. There's the kind of food sensitivity side. There's the composition. Are there too many carbs? Is there too much fat? Is skipping breakfast causing a problem?

Nicki: It would be interesting to know what exactly, what is an example three day, because I mean, she's only eating 40 grams of animal protein a day. That's a lot of room for a lot of fat and/or carbs.

Robb: And/or carbs. Yeah, there's a lot left there.

Nicki: It's interesting, too, that she has regular near perfect poops. A lot of people that have-

Robb: That is super perplexing, yeah.

Nicki: ... SIBO or other issues, they have the digestive...

Robb: From stem to stern.

Nicki: Yeah.

Robb: Yeah, yeah, which is another confounder where it's just, I just feel like there needs to be some other testing that occurs to try to get down to the bottom of this. And I wish I had more. So, I guess to recap, you could look ... One is I would look at how much food are you eating in your...

Nicki: Eating window.

Robb: ... your eating window. And I like the 16-8 stuff, although I like it mainly as a caloric control mechanism. I don't think there's much in the way of magic eating that way beyond that. But is it possible that maybe putting more food earlier in your day would make it better in the evening, which seems to, when people lay down to sleep, seems to be more of the time that the GERD is particularly problematic. And so, if you're only doing two meals or doing the bulk of the meals late, I could see that being a little bit of a problem.

So, considering doing breakfast, certainly look at weigh and measure everything that you're eating for a couple of days, grab a free iteration of

chronometer and just weigh and measure every single thing that you eat for a couple of days so that you've got that as a baseline. You'll have an idea of the composition as far as protein, carbs, fat, and maybe you're doing more carbs than what is good for you.

Because again, I would say 85% of the people, 90% of the people that I've worked with that had GERD when we just dialed the carbs down, and it didn't have to be ketotic levels, but even just the composition, like shifting more to potatoes and maybe a little bit of rice. But those things are very insulinogenic and the insulin response seems to be problematic for the GERD process. And I used to know the mechanism off the top of my head, but I forget now.

Nicki: And Nancy, you mentioned that you already feel yourself that your protein intake is low. And so, if you're only getting 40 to 50 grams a day, you weigh 150 pounds, you should probably get it up around 120, 135.

Robb: Yeah, you should be getting 30 or 40 grams per meal ideally.

Nicki: So, you might try just rejiggering your macros altogether and just seeing if this alleviates some of this GERD problem.

Robb: Which is I think where just eat the way that you've been eating but weigh and measure it, and really document it. And then we could look at that. And then when you know for sure the approximate bounds that you're eating currently. And then, if we swap out some of the carbs and fat, eat more protein and then we get a really favorable response, then at least we know that that's real because we've got some documentation on it. Yeah.

Nicki: You want to get more protein period. As we age, we want to maintain our muscle mass. You definitely are undereating protein. So, that's definitely somewhere to look after, after you document everything, see where your fat and your carb count is playing out. But that's definitely an area to look into, too.

Robb: Keep us posted. I wish I had more or better, but I think you need to find somebody to work with. I think you really need to document where you are. And then that way, it would just give us somewhere to play and then we know for sure that we're modifying something and we're intentional about that.

Nicki: Sounds good. All right. That's a wrap for this week's episode. Thank you all for listening. Remember, if you have questions for the podcast, you can submit those at [robbwolf.com](http://robbwolf.com). There's a contact page, you can click on that, type in your questions, send it off to us. Also, thank you for supporting our show sponsor, LMNT, for all your electrolyte needs. You can grab more LMNT at [drinklmnt.com/robb](http://drinklmnt.com/robb). What else, hubs?

Robb: I think that's it for now.

Nicki: Enjoy your weekend folks, and we'll see you next time.

Robb: Bye, everybody.