

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 1 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 Plus.

Robb: Welcome back, friends, neighbors, loved ones.

Nicki: Hello, everybody. Welcome back to The Healthy Rebellion Radio. This is episode 179. And we're back.

Robb: You're kind of back.

Nicki: I'm standing. I don't know what got me, but Wednesday after Jiu-Jitsu, I went down hard and Thursday was pretty much... It was the worst I've felt in a long time.

Robb: You looked rough.

Nicki: Yeah. Anyway, we're recording this on Saturday, March 7th or March 2nd, and I am upright still feeling a little off, not entirely quite myself. I had a little bit of a fever Wednesday evening, but that broke that night, so it was like a quick bout of something. I thought maybe it was food poisoning at one point because I was more... I wasn't throwing up, but kind of the-

Robb: Rear exit?

Nicki: ... the posterior situation. And so anyway, it's been kind of a funky couple of days, but we're back. We've got an episode for you to today. I'm trying to think. Any upfront news you want to discuss?

Robb: Nope. Everything is on the backend around here.

Nicki: Have you got the hots for chocks?

Robb: Yes.

Nicki: All right. What do you have for a news topic?

Robb: Nothing fancy but a pretty cool little article. Ketone bodies from enemy to friend and guardian angel. Just kind of a survey article, review article, kind of tracing the history of ketones. Anybody in this space will usually remember a time when ketosis was synonymous with ketoacidosis and it still is that way to

some degree within medical circles, and you can kind of have some appreciation for that when these folks are dealing with ketoacidotic individuals.

It's a really difficult thing to manage, but we've come a long ways in this topic now understanding that ketone bodies are pretty valuable for a host of different considerations. I'm not sure why Nicki turned the light on given that our computer is backlit but she did.

Nicki: I just was feeling dark.

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

Nicki: The show notes. Okay. Moving on, The Healthy Rebellion Radio is sponsored by our salty AF electrolyte company LMNT. Do you or someone you love have an energy drink addiction? You know those beverages that are super high in caffeine and sugar that people reach for at all hours of the day when they're feeling tired? A 16-ounce can of one popular brand, which contains two servings per can, contains a whopping 27 grams of carbs per serving.

That's 54 grams of sugar in one can. Our population is tired and wired, and these drinks aren't helping one bit. So if you or someone you love has an energy drink addiction, show them you care. Give them some LMNT. Zero sugar, none of the crap, only real electrolytes that actually do improve your energy levels. You can grab yours at [drinklmnt.com/robb](https://drinklmnt.com/robb). That's [drinklmnt.com/robb](https://drinklmnt.com/robb). And again, you can grab our insider bundle by three boxes and get the fourth box free. Again, that's [drinklmnt.com/robb](https://drinklmnt.com/robb).

Robb: Nicely done.

Nicki: Okay. Questions. Our first question this week...

Robb: This one's kind of a cry for help. It's kind of fun.

Nicki: It's from Mike and it's about consuming 600 drinks a year. "Hey, Robb, for a number of years, my friends and I, all mid to upper 30s at this point have been back of the napkin tracking our alcohol consumption. Why? To be honest, no real reason other than a little accountability to oneself, something to talk shit about in group texts and potentially to nudge some improved habits. I led with the part that seems shocking. About 600 drinks last year. Every year I've counted has ranged from about 450 to 675. The low end being the years we had infants, the higher numbers being when I was 30-ish and didn't have a care."

"10 per week can be, and these are sort of blocked out as the days of the week, zero. Like if this was Sunday, Monday, Tuesday. So zero, one, two, one, zero, four, two. And it often is, and I don't need to tell you this, but that becomes 520 drinks across the year. We all know alcohol is bad. Can you weigh in on your feelings about this kind of volume given very, very little of what anyone would call binge-drinking? I'm a six-foot male, 165 pounds, 38 years old. I hike and/or

lift weights approximately six days a week and drinking doesn't affect me negatively in any acute way. Is this bad? Anytime I've had labs done, they've been normal across the board. What does Robb think? I know less is probably better, but is the juice worth the squeeze? I like drinking and again, very rarely drinking to impairment. And the count is very honest. Thanks, your fifth listener." Great question, Mike.

Robb: It is a good question if one digs around in the "literature". Historically we've had this sense that a couple of drinks a day, couple of drinks a week, there seems to be this positive trend with certain health outcomes and it's been speculated that the socialization is a piece, the stress reduction is a piece. And then more recently, Dr. Andrew Huberman has come in and just kind of peed on that whole parade. He fairly unequivocally has made the case that alcohol is not safe at any dose and much weeping and gnashing of teeth has it ensued from that.

Some interesting thoughts on this. Nicki and I have a couple of different colleagues who we've had a significant non-trivial number of colleagues in the last maybe two years, went from a fairly high alcohol consumption to effectively zero, or near zero with the caveat being that in these individuals words, I'm not saying I'm never going to have a drink again because I think that would make me want to have a drink, but as it stands right now, I'm probably not going to. And so they leave it open-ended, so there's not that kind of psychological pressure around the whole thing.

Both people were high-functioning in their professions, athletically, all that type of stuff. And both of these people have reported dramatic improvements in their sleep, in their athletic performance. And these are people that are in their late 40s, early 50s, some long-standing depression and anxiety resolving just low-level stuff. So across the board just noticing that things really improve for them.

Nicki: I will say that Mike here doing 10 per week, these two particular people were probably doing four to five a day.

Robb: Could be. Could easily be. And certainly at times.

Nicki: On many of those days of the week, yes.

Robb: Yeah. So that's worth mentioning, but in our peer group we don't really have that, that person to draw from. But I thought it was interesting that even for these folks, they definitely noticed a big improvement. Personally, I've gone a year without really having alcohol, and then we will be out at Mexican food and Nicki will get a margarita and I'll have a sip of it. I'm like, "Oh, that tastes good." And I will get one then too.

Nicki tends to have a few more cocktails than I do. Doesn't seem to affect you quite the way it does me. I tend to avoid it because of sleep impact, although

if I get the stuff in early, it doesn't really seem to affect sleep, but I still really struggle with depression and anxiety and all kinds of different stuff. And I don't feel like alcohol really helps me in that regard. It just doesn't.

So I think that this is just a really individual thing. I want to say that virtually every centenarian that's been documented, and it's probably not exactly this, but virtually every centenarian, one of their habits was that they were a drinker to a day type person. They didn't drink a lot, but they weren't complete teetotalers. Even if Huberman is accurate that there's some non-zero risk associated with every drink of alcohol that you have, there is all the rest of life.

If this is where you get together and bond with friends and family and it seems to be in a fairly undamaging way, then I am hard-pressed to look down on this stuff. I guess it's one of those stories where.... What is it? Like sober October.

Nicki: Dry January.

Robb: Dry January and stuff like that. Maybe jump on one of those.

Nicki: And just see, yeah.

Robb: Just do it. That thirty-day reset, whether it's food or exercise or booze is kind of a powerful thing to just completely put all the... Realign all the dials and get it back to a new baseline.

Nicki: I think that's super valuable and Mike is saying that this doesn't affect him negatively in any way that he can tell. One question I would have would be sleep. It's hard to know... If this is like, you're doing 10 a week, week after week after week, how do you sleep when you don't have 10 a week?

Robb: And that's why I mentioned... One of our friends is very academically inclined, super tough. The way he could drink and the way he could run his body he reminded me of a lot of the seals that we've met where they can just get after it. And while he was still drinking, he said, "I don't really feel like it affects me." But he also didn't have a zero baseline. And then when he actually got that zero baseline and it went a week and then a month and then six months, and it was kind of like, "Oh, wow, I really do notice a difference." So I think that that would be something that I would recommend throwing in the mix and just seeing.

Nicki: Both of these guys do that athletic brand of non-alcoholic beer and enjoy it. And so they have something when they're out and about. But completely 180s for them.

Robb: So hopefully that's helpful. No judgment either way. Appreciate you in trusting us with a question like that.

Nicki: With the input.

Robb: Yeah. And if you tinker, circle back around.

Nicki: Yeah, let us know.

Robb: It'd be nice to know if you do a 30-day reset and is there a significant change? Does it end up modifying any behavior?

Nicki: Okay. Next question is on carb tolerance from Holly. She says, "I just tested sweet potato using your carb tolerance protocol and a CGM." While my blood sugar returned under 100 after two hours, the spike was significant at 60 over baseline. So would you say this food is okay for me because of the test at two hours or potentially still a problem if I'm trying to minimize the glucose variability?"

Robb: This is a really good question and it's funny. If you went out into the standard interwebs like the Layne Norton sections of the world, they will lean into this idea, which is true that this is normal within our population. We see blood sugars like this all the time. The funny thing though that somehow gets missed in all this is the bulk of our population is a hot mess. And some people like Peter Attia have made the case that any excursion at or above 140 is really problematic.

He prefers even to see things less than 130 in total magnitude. When I wrote *Wired to Eat*, I actually set my ideal upper limit at 115, and this is in the nanograms per deciliter. Apologies for people in the civilized world that use the metric system. I don't know these numbers off the top of my head. I had it in the book, but what I looked at for that was some work that Stefan Guionet did quite some time ago, probably 2009, 2008, where he looked at blood sugar, oral glucose tolerance tests in different non-Westernized populations, the San Bushmen, I think the Hadza. There might've been some horticulturalists in that mix.

And what was interesting with those folks is, and most of these people are quite small in stature, so you have to really keep that in mind. The males are like 135 pounds, females proportionately smaller. The oral glucose tolerance test that they were giving these folks was still 75 or 100 grams of glucose, which is a huge bolus in a small person. So you would anticipate that this would really light them up like a 200-pound person. You've just got more person to dilute that, that glucose than a smaller person.

What was interesting is that none of these people saw a total magnitude above about 110. And arguably these folks are super metabolically healthy, super fit comparatively. And so I think if you overlay this whole story with an ancestral template, the norm, the real norm if we are legitimately metabolically healthy is that we shouldn't see a blood sugar excursion much above maybe 110, 115, something like that.

Very, very rarely would we see something more than that. The fact that we do see something more than that, and so many people I believe is indicative of some metabolic problems, and you can donate iron, you can improve your omega-3 intake, you can exercise, you can sleep better, but for a host of reasons like you may or may not be able to get to a spot where that story is going to work for you. At the dosages that we normally see.

So if folks aren't familiar, what Holly probably did with this was 50 grams of effective carbohydrate from sweet potato as a standalone item, which is really pressure testing the system because we have things that we can do, eating the carbs with protein, eating the carbs with fiber, eating the carbs with an acid, a medium, taking a walk. There's all these other things that can be done that can minimize that total magnitude of the glucose exposure.

So, Holly, this is where I think you need to just circle back around and figure out is maybe a half a dose appropriate for you? Is eating some protein with it? Does that minimize the total magnitude of the glucose release? Barry Sears ages ago made the case that if you protein and carbs together, that you get a little bit of a glucagon modulation of the insulin response that even though glucagon normally releases glucose, at least for some people, the carb protein combo ends up producing a lesser total magnitude in glucose release than if you just ate it by itself.

So the recommendation not to eat naked carbs. So I do think that there's a case to be made for looking around at the way that we respond to our food and trying to keep that total glycemic load in a spot that is, I would say for sure below 130 seems really, really smart. But that there are different ways that we can sneak up on that. You could reduce the total amount of carbs, you could eat it with protein, protein and fat. Take a walk.

Nicki: Assuming sweet potato is a food that she wants to include in her diet regularly.

Robb: If she wants to, yeah.

Nicki: If you're testing things and you have this huge glucose excursion, it might be just, "Okay, that's not a food I really love all that much. It doesn't really bother me if I just say, okay, I'm good without having that anymore." But if it's something that you really enjoy, then like Robb said, instead of 50 grams of effective carbs, try it with 25. Try eating it with some protein and figure out where's your sweet spot for including that in your meals.

Robb: And in *Wired to Eat*, I encourage people to do that objective quantification of the blood glucose and then the subjective like how do you feel? Do you have any foggy headedness? Do you have any GI distress? And I would pay attention to that too. And just to put a bow on this a little bit, I think this is such an important piece in the diet wars in that there are people that I'm

standing next to one who can eat a non-trivial amount of carbs and not really get a significant blood glucose spike.

Nicki can also go keto and go pretty seamlessly straight into ketosis and not see a performance dip. She's metabolically flexible and she came from a deeper end of the genetic pool, so she's fortunate in that way. But for many of us, I have to eat low carb in order to have the blood glucose profile that Nicki has eating more carbs. And that's just kind of where the rubber hits the road. Again, there are people that will bitch, and moan, and complain, and "Oh, where's the randomized control trial and whatnot." But if there's anything that I notice in lots and lots of people, and again, it may be largely anecdotal, but when people get appropriate glycemic control, their appetite is so much better controlled. And that just feeds into lots and lots of good stuff happening.

Nicki: Great. Okay. Our final question this week is from Jonathan on Stevia for birth control. "Hi, Robb and Nicki. I'll first say that I really appreciate everything the two of you have put out into the world. My question is regarding the legitimacy of a TikTok conspiracy about stevia. I felt very strange typing that sentence. My wife and I have two young girls coming up on four and two years old, and in June of 2023, we started trying for the third and final addition to our family. My wife got pregnant on the first try as she did with the first two pregnancies. Miracle, yes, but a part of me was cursing this cruel, cruel world. My wife's pregnancy hormones cause a 180 on her libido."

"At the first ultrasound for fetus number three, however, we couldn't find a heartbeat. It turns out there was a miscarriage around week nine or 10. It came as a shock to both of us since the first two pregnancies were quite healthy and conceiving was not an issue. We took a break from trying, but still have plans to try again in a few months. In the meantime, my wife is working on stacking the deck where she can to make sure her body is a hundred percent ready this time around so that we don't repeat the difficult experience had last year. She recently came across a TikTok video that warned of the dangers of stevia. Allegedly, native cultures used to use the stevia leaf as a form of contraception. Despite heavy skepticism, I've looked into it a little bit and it's not entirely baseless."

"A textbook written by Obama's former science czar, for example, contains an anecdote of native Paraguayans adding a powdered form of stevia to tea to serve as a contraceptive. A cursory glance at more research has some mixed results in rats, but the consensus seems to be that stevia is no issue. I typically tend to trust ancient wisdom passed down through generations, but the anecdotal evidence seems a little weak in this case. What is your take on the legitimacy of Stevia as a contraceptive? My wife, who probably did increase her intake of stevia during the first couple of months of that pregnancy is avoiding stevia altogether just in case since it's a very one-sided risk. Regardless, I would be curious of your thoughts."

Robb: Really good question. I guess one piece to this is I think that stevia at

appropriate doses really shows a high likelihood of having some contraceptive effects. It can blunt the release of follicle stimulating hormone and luteinizing hormone, which is interesting in that it could then have some downstream effects with just standard fertility. What's important to take away from that though is that the dosage on this type of effect is around two to four grams per kilogram of body weight. It's really a whopper of a dose to get this effect.

That said, when you folks are wanting to stack the deck in your favor, I think it's completely reasonable to pull stevia out of the mix during a situation like this just because why not? If there's-

Nicki: It's easy to do.

Robb: Easy to do, little downside. Probably not going to affect things all that much, but one less thing to worry about is one less thing to worry about. And if there's one thing that is problematic and getting knocked up is worrying about getting knocked up like that'll fuck with things like you absolutely can't believe. So I think that that's completely reasonable. But I do think that much of the hoopla around this, there's this disconnect between the likely dose response curves on this whole thing. All of that stuff said, I would strongly recommend checking out Lily Nichols work.

She has books around eating for gestational diabetes, eating for pregnancy, eating for breastfeeding. It's all largely the same approach, but her work is outstanding. And so if you really want to stack the deck in your favor and incorporate a nutrient-dense approach to eating that is very science-backed at improving fertility, I would check out her work.

Nicki: Okay. We can put some links to Lily's books in the show notes also. Okay. Those are our three questions for this week. Any closing thoughts?

Robb: It's been interesting watching some of the world. Eric Weinstein appears to have been blocked by-

Nicki: No, Bret.

Robb: Or Bret was blocked by Elon Musk on Twitter, and there's just been fascinating stuff afoot. 2024 can't wrap up fast enough.

Nicki: The closer we get to November, it makes me the more nervous I get.

Robb: Yeah. I probably won't be doing any international travel around October, November. Maybe I should do it around then. I don't know. That stuff's been interesting. I've been very, very little on social media. I did a piece, my thoughts on the accounting behind the Lean Mass Hyper-Responder, and I put that up on my Substack and that was interesting and that I was not attacking either Dave Feldman or the topic. I was just trying to look at it as an accounting method to back into it. And ribs Substack.



Nicki: I'm making notes and my typing is... My error rate is high.

Robb: Nicki is doing some typing. And it was just interesting though, a few of the folks in the community were really cranky about me having the temerity to just ask some questions about this topic. This is a little bit venting, a little bit of therapy, but I posted the piece literally the afternoon that we were getting ready to leave to go off-grid for a week. I pinged Dave Feldman, who I have a great relationship with. I'm like, "Hey, I'm going to be off-grid for a week. I'll circle back with you."

And there was this guy on X, on Twitter who said, "Circle back? What a nimrod." Dave actually gave him [inaudible 00:26:03] with that. But it was just like, "What the fuck is wrong with people?" I pinged the guy back. I'm like, "Is there a problem with circling back?" And then he went into this weird diatribe about like when you're on steroids, you become really aggressive and everything.

Nicki: Is he [inaudible 00:26:21] on steroids?

Robb: No, I am. Because apparently asking if circling back is problematic, an issue.

Nicki: He should have shouldn't have called you a nimrod. He should have called you a nimrobb.

Robb: Clearly. What's interesting is the return on investment for trying to help the world at this point is dubious to me. Part of me is not entirely sure where the complete benefit there is. Or maybe I've just done this for a lot of years and stuff like that gets old. But it was interesting. It was an interesting experience. And just checking out the scene. There seems to be a lot of interesting stuff like Dr. Fauci had a piece that was recently published saying that mRNA vaccines aren't really appropriate for respiratory viruses.

Nicki: And the CDC said that COVID is no more dangerous than the flu.

Robb: And this is shit that again-

Nicki: Got people canceled three years ago.

Robb: Yeah, got people canceled. So is just interesting stuff and I'm trying to figure out where my leverage is best placed at trying to help this stuff without also losing a bit of my humanity. So anyway, that's what I've got going on between my ears.

Nicki: Interesting times.

Robb: What about you?

Nicki: Between my ears?

Robb: You're just wanting to go lay down again?

Nicki: A little suggestion, a little lightheadedness. I don't know what I got, but it was some little bug.

Robb: Took you down?

Nicki: I'm on the mend. I'm on the mend.

Robb: You are?

Nicki: Yep.

Robb: Fortunately, it was you and not me. If it made you that sick, it would've probably killed me.

Nicki: Yep.

Robb: No argument there. Thank you.

Nicki: All right, folks. Thank you for joining us for this episode. We are taking another little trip at the end of next week, kind of a field trip of sorts with the kids and we're going to try to get out another episode before we go. So that's our plan. And hopefully you all have a wonderful weekend, wonderful week, and we'll catch you all next time.

Robb: Bye, everybody.

Nicki: Bye.