

[Robb:](#) What's happening, wife? How much of the front are we gonna edit out?

[Nicki:](#) I don't know.

[Robb:](#) We still haven't come up with a new name for the podcast.

[Nicki:](#) Yeah. Names are hard.

[Robb:](#) Names are hard.

[Nicki:](#) Names are really hard.

[Robb:](#) One of our kids didn't have a name for almost a day.

[Nicki:](#) Yeah. That's all I've got to say about that.

[Robb:](#) Super high energy around here folks. Glad you tuned in.

[Nicki:](#) Just got out of jiu jitsu and-

[Robb:](#) Cross eyed bottom was a harsh mistress today.

[Nicki:](#) Yeah.

[Robb:](#) You're getting good though. You got out a time or two.

[Nicki:](#) I got-

[Robb:](#) You peed on the person and they let you up, but-

[Nicki:](#) Yeah.

[Robb:](#) You know. Yeah.

[Nicki:](#) Where do you come up with these things? All right. We're just jump right into our first question.

[Robb:](#) Let's do that.

[Nicki:](#) This question is about weights while fasting from Ashley. Hey Robb, first of all just want to say thanks for all the hard work you do to get a healthy living message out to the world. I loved your book *Wired to Eat* and I just purchased the keto master class a few days ago. I'm excited to learn more. I have a question about lifting weights while in a fasted state, especially for a non-athlete. I'm fortunate enough to have a really nice gym at my office and what seems best for me is to use my lunch hour to exercise, usually around 11:00 AM and I'm far from what anyone would consider an athlete but I've always enjoyed incorporating lifting weights into my exercise routines, which have been very sporadic over the years.

[Nicki:](#) I probably average two times a week of lifting, but when I do I try to push myself and lift heavy. Do you recommend I do this in a fasted state? What about taking branched chain

amino acids beforehand? I see these marketed mainly toward athletes. Thing is I do have a lot of fat to lose, so should I even be concerned with lifting right now? Should I focus more on HIIT type of cardio? Also I want to start incorporating alternate days of fasting. What type of exercise would you recommend on days that I fast all day? Thanks so much for your insights.

[Robb:](#) Man. There's a lot going on there. So, Ashley I'm assuming that you're eating breakfast given that you say that you're training 11:00 AM. Man, so I've learned a lot from Tyler and Louise with Ketogains, and we've actually had some very nice studies done where they look at both the muscle gain and the fat lost in a fasted versus non-fasted state. And I can make the case that if one is an endurance athlete, there's maybe an argument for doing some fasted training. It enhances lipolysis and fat mobilization and you could use it as kind of a block of your periodization. But interestingly, if the individual is fed a bit, you burn more total calories. You have higher total intensity.

[Robb:](#) So in general, we get better results actually having a little bit of food in the tank than not. And Ashley, this is one of these things that is a red herring, I'm kind of blanking on ... my site control bottom was also spicy today. We had some very big dudes at the gym. There's this tendency for women to eschew weights in favor of cardio and there's also this tendency for women to do only lower body training and not adequate upper body training.

[Nicki:](#) [crosstalk 00:04:14] looking at me.

[Robb:](#) I don't know.

[Nicki:](#) I like doing legs.

[Robb:](#) You like doing legs, but you have a body of [inaudible 00:04:20] torso also above your hip line. So, man again, there's so much stuff going on here. Our exercise should be about making our life better, not necessarily for fat loss or body composition. Other than I can make the case virtually anybody would benefit from carrying five pounds more muscle when you think about the way that we look, the way that we feel, effective aging all that type of stuff. Unless you're-

[Nicki:](#) It's a hedge against disease.

[Robb:](#) It's a hedge against disease.

[Nicki:](#) It's a hedge against a lot of things.

[Robb:](#) Yeah. So, think about exercise as the thing that allows you to do the other stuff that you should be doing. Not as a place that we're necessarily burning calories. It takes an enormous amount of exercise to burn even a paltry amount of calories. With a little nutrition foible, you can undo that whole thing. Nuts are great, but man it's so easy to overdo your caloric content with nuts. And particularly Blue Diamond smokehouse salted almonds, which I've been known to sit down and eat a cup of them back to back which is like 1000 calories right there.

[Nicki:](#) Well, she says she enjoys lifting weights.

[Robb:](#) Lift weights, and lift weights as often as you can.

[Nicki:](#) I guess her main question is does she do it in a fasted state.

[Robb:](#) I wouldn't recommend a fasted state. I would recommend a little bit of food. I'm assuming that maybe you're eating breakfast at 7:00 or 8:00 AM and then 11:00 AM is actually a perfect, you're kind of semi-fasted, but you're not fasted fasted. The branched chain amino acids are virtually worthless. Tyler and Louise have just bludgeoned me with that. They've really dug into the literature. It's a waste of money, waste of time. Kind of ideal circumstance would be have breakfast around 7:00 or 8:00, you train around 11:00, which is what you're doing. And then do a meal half hour, 45 minutes after that if you can fit that in. That would be ideal. Lift weights as many days as you can. If you want to do some HIIT, go for some high intensity interval training. But again, I look at that as you either like it or it's facilitating something you want to do. This is not the stuff that's gonna mainly help you lose weight. Being on point with your diet, being dialed in on your sleep, those things will help you affect the body composition chain.

[Nicki:](#) So she's asking also about alternate days of fasting. And I know you always go back to what is your goal, why do you want to do this?

[Robb:](#) Yeah.

[Nicki:](#) And then what type of exercise on a day that she would do an all day fast.

[Robb:](#) Yeah. So I'm glad you picked up on that. Ashley, I would just ask you why do you want to do there alternate days of fasting versus dial in a solid ketogenic diet from either Ketogains or the keto master class. I'm so impressed with what sound consistent training and nutrition do, and I'm so unimpressed with these stopgap measures like fasting. And I wrote my first article on intermittent fasting back in 2005. But by 2006, I was pumping the brakes and back pedaling on it. And now the interwebs are full of stories of people who relate their N equals one experience that they just couldn't make progress. They just couldn't lean out. They just couldn't lose those last inches or make it over the hump until they started doing an intermittent fasting. And the internet is equally full of people that they were motoring along well, they were making progress, and then the fasting was the straw that broke the camel's back. It was just too much. It pushed them into an overreaching, overtraining kind of scenario.

[Robb:](#) As time has gone on, I would love to see something like a time restricted eating schedule, so you eat between 8:00 and 4:00, 8:00 and 5:00, two or three meals a day. Time that around your training appropriately. I've just grown really unimpressed with I guess the cost benefit analysis with intermittent fasting. And again, some people it's appropriate. But when we look at good exercise and getting out and playing and being active and fueling appropriately, maybe every once and awhile dropping in a little bit of fasting, just to if nothing else prove to yourself that you can do it. But yeah, I don't know. I'm hesitant on that stuff.

[Nicki:](#) And if building lean muscle mass is part of your goal-

[Robb:](#) Which it should be.

[Nicki:](#) Then alternate days of fasting is not gonna lead you down the best road.

[Robb:](#) Yeah. It's definitely working against that path. Because the initial block of fasting is when we tend to lose the most muscle mass and even in a ketogenic state, we kind of lose a disproportionate amount of lean body mass. In that scenario, if you are training on a

fasted day, I would do a full body strength training session. It doesn't have to be super hard. But one of the things that will mitigate the loss of lean body mass is resistance training. So, yeah. I don't know man. I would like to see three or four days a week of smart lifting, an appropriately set up ketogenic diet with appropriate protein. About .8 to 1.0 grams of protein per pound of lean body mass. Get after those big main lifts, hit them in different ways three to four days a week.

[Nicki:](#) Get out in the sun.

[Robb:](#) Get out in the sun. Play.

[Nicki:](#) Sleep.

[Robb:](#) Do some jiu jitsu. Do some jiu jitsu. Yeah. So yeah. I know we kind of beat that one to death. But yeah.

[Nicki:](#) All righty. Our next question is from [Tara 00:10:01]. She says, "Keto treats are causing mischief. Robb, I've been a fan for many, many years and I just purchased the keto master class about a month ago. It's been phenomenal. I've totally stalled on the macros chapter, avoiding it at all costs. I know I have to get into it, but it brings me back to some dark body building days of yore when I measured and weighed my food. It became obsessive and caused some issues that I'm scared to have come back. But that's not why I write, although if you want to address that I'm down, a sneaky way to get into questions. I'm writing because in one of the recent Q&A podcasts you guys did, you mentioned so called safe sweeteners like erythritol or Stevia possibly raising insulin but not raising glucose. Could you explain that a bit further for us laymen in the crowd. What is the mechanism for that and how does it play out?"

[Nicki:](#) I was doing well on ketosis, although it took me months to become fat adapted, then I started making a keto treat here and there that turned into outright insane non-stop bingeing type behavior that left me bloated, gassy, kicked out of ketosis, riddled with inflammation, having intense cravings. So I made more keto treats and my weight all piled back on. It felt like when I used to go bonkers on paleo treats. I've been told these sugar subs don't cause this effect, but I'm not buying it. Robb, what is wrong with me? I grew up munching on antibiotics and spent five years of my life on tetracycline as a teenager. Maybe I'm just damaged goods that can't deal with this stuff like ever. Looking forward to hearing your answer, all the best, Tara."

[Robb:](#) Oh man. Lots of good stuff in here. So, on the weighing and measuring side, this was something that got us kicked out of crossfit in part because when we're running our gym, we started people with a basic seat of the pants paleo, have a palm size hunch of protein, do lots of veggies, have a little fruit, maybe a little sweet potato. But it was all pretty seat of the pants and people made good progress. But I wouldn't say that they got down to super lean body composition with that approach. They would, if they were significantly overweight, they could lose a lot of weight. But if you wanted abs and what not, you had to dial things up. What was cool about the combination of crossfit and a seat of your pants paleo was that the females we had, we had no eating disorder stuff at all.

[Robb:](#) Even people commented, "Hey, I used to have some binge and purge stuff. I used to have some disordered eating." And that didn't cause anything in these folks, but then out of diligence, because crossfit was more of a fan of the zone, we started recommending the zone, and we didn't have a ton of folks say this, but a number of

people said, "Hey, the scrutiny that comes about from weighing and measuring my food is producing these kind of neurotic behaviors for me." So, I think that that's just something to be mindful of. In an ideal world, weighing and measuring food could be something that we use for a week or two and the way that we recommend doing it is usually you have four, maybe five protein sources that you use routinely. A couple of fat sources. And you just get to where you can eyeball and you're like, "Okay, that's about four to six ounces of meat or chicken," or whatever. And so it just provides a baseline so you can again people get really good at baselining.

[Nicki:](#) You don't have to do it every single day.

[Robb:](#) No.

[Nicki:](#) Especially if you know this is a thing for you.

[Robb:](#) Yeah.

[Nicki:](#) Do it for the first week so you have a really good sense of what does that look like with regards to protein and fat and the carbs for you according to your macros. And then-

[Robb:](#) I would kick the tires on potentially doing it. If you know in your gut that you're like, "This is gonna be crazyville for me," then just do kind of seat of the pants. And just go palm sized hunch of protein. Or just make sure you only weigh your protein as a starter. Just weigh the protein and then just do tons of veggies, nuts and stuff like that do need to get measured and put in a Ziplock bag because we can really overdo those quite easily. But that kind of takes the pressure off because you're not weighing and measuring every single food and all that type of stuff.

[Nicki:](#) Right.

[Robb:](#) So I would recommend either have a conversation with yourself and are you cool with weighing and measuring for a week so you can establish a baseline, and then you put the food scale away, put the measuring cups away. Because you can default to just kind of eyeballing. Or just go seat of the pants and follow some of those other guidelines. So, on the non-nutritive sweeteners, safe sweeteners. It's pretty anecdotal, but what I've noticed, even just with our kids, if they do something that has legit sugar like real ice cream, we'll give them a bowl, they'll eat the bowl, they'll be like, "Can I have another one?"

[Nicki:](#) Can I have some more? Yeah.

[Robb:](#) And occasionally we'll give them the next one. And then they're like, "Can I have another one?" And then we use some things like the Mammoth Creamery ice cream. And as a baseline, it's maybe a little bit not sweet enough. We actually add a little bit of Truvia to it, which is some Stevia mix. And it makes it really sweet. It takes indistinguishable from regular ice cream. But what's really interesting for the girls, they have a bowl and they're like, "Dadda, that was really good." But then they're done. So, I think that there's a gradation on this stuff where the mix of hyper palatable foods or more palatable foods that do have legitimate carb fat combos I think are the most problematic to deal with. And then if we have a more palatable food, but it's mainly just fat, so we're using Stevia, for some people it may be a problem. It may kick folks over. We notice that diet soda, people that had had some, they had been overweight a long time, a diet soda would kick them over and they would want to start eating more food.

[Robb:](#) There are some people that you show them a picture of a dessert and they get an insulin dump and it's different than the insulin hypothesis view of this whole thing, which is you release insulin, you store fat, and you're done. The way that I look at this is you release insulin, your blood sugar drops, your body wants to compensate for that blood sugar drop so you get hungry. So I look at this more from the neuro-regulation of appetite perspective than the kind of insulin hypothesis perspective. And there is just kind of a reality that most of these keto and paleo treats tend to be really nutrient dense, or calorie dense.

[Robb:](#) There was something in Costco I looked at the other day, they were these little rabbit pellet looking things. They didn't look super good, but they were coconut, coconut oil, Stevia, and a couple other things. And I'm just looking at them, I'm like, "Oh my God, those look good." And I didn't buy them because I would've just killed the whole thing because I was just kind of shaking it and I was imagining the mouth feel and the little crunch and everything. I'm like, oh this would be a disaster. So, we do some of ... what's the brand of chocolate?

[Nicki:](#) Lily's.

[Robb:](#) Lily's. Yeah. Lily's is a Stevia sweetened chocolate. We do some of those. It's interesting, even with that, we'll do the 85% dark chocolate that's Stevia sweetened. Tastes great. But then we'll do-

[Nicki:](#) The one with sea salt and almonds.

[Robb:](#) The one with sea salt and almonds, and we'll eat that whole fucking thing.

[Nicki:](#) [crosstalk 00:17:18].

[Robb:](#) We will stand right there and I'll eat a strip, Nicki'll eat a strip, and we'll plow through the whole thing. So, I would say that that one because of the almonds-

[Nicki:](#) The nuts and the salt.

[Robb:](#) And the salt clicks over into hyper palatable because we never eat ... We'll have a strip of the plain 85%. I'll have one, you'll have one and it'll take us two days to eat a bar. Whereas we just had lunch and we just ate a whole bar of the almond sea salt. So, it's tough. Because you want to be able to lay out strict lane lines. Do this, don't do that. But I think that there's a reality that there's just a spectrum in this stuff. So, you seem to know what the triggers are and what's gonna make things go sideways for you, so you may need to really steer clear of the keto and paleo treats. Maybe you have them once a week, maybe it's after a work out day or something. I really hate looking at this stuff as a reward. That just sets stuff up for problems because then we get that emotional attachment around I deserve this and everything. It's dodgy. And then it may just be kind of a reality that you just don't do those.

[Nicki:](#) Or don't make them so that you have them in the house.

[Robb:](#) Right.

[Nicki:](#) If you can make them and bring them to a friend's house and leave the rest of them there. The hard thing with having stuff in the house is that you make them and there's two dozen and you just want to keep having them.

[Robb:](#) You crush them.

[Nicki:](#) Whereas if you were able to either give most of them away and you're able to have the one or two and satisfy that little hankering for something like that. But then you're not tempted to go almond.

[Robb:](#) Yeah. Going back to the Lily's bars, if they're on sale we'll buy six of the 85% plain dark chocolate because we're like, "Okay. That's cool. We're getting a bargain on them and we're not gonna eat them all at once." But we only buy two of the almond at a time. Dead stop. Because otherwise, we'll just eat all of them. And yeah. Yeah. Again, I don't want to belabor that one, but it's-

[Nicki:](#) You said this back in the paleo solution, just don't keep it in the house.

[Robb:](#) Yeah.

[Nicki:](#) Right? So if-

[Robb:](#) And when you-

[Nicki:](#) Way back then if you want ice cream, go out-

[Robb:](#) And have it there.

[Nicki:](#) and get a scoop of ice cream at the ice cream shop and then come home. But if you bring the gallon of ice cream home into your house, you're gonna end up-

[Robb:](#) You're gonna eat the whole thing.

[Nicki:](#) Eating the whole thing.

[Robb:](#) Yeah. Yeah.

[Nicki:](#) Okay. Let's see. Our next question is from Mark on body fat and weight reset. Dear Robb and Nicki, I was reading an old podcast of Chris Kresser. He was talking about the body fat reset or body weight reset. I think the title was Why-

[Robb:](#) Why it's so hard to lose weight.

[Nicki:](#) Why it's so hard to lose weight and keep it off. After listening to this, I was wondering if there was anything new that could shed more light on how I could truly reset my body weight from where it likes to be at 300 to where it should be at 200. Thank you so much. Keep up the good work. Truly what you do has helped so much, you can't know how much. Thank you.

[Robb:](#) Awesome. Good to hear. Usually the term applied to this is body weight set point.

[Nicki:](#) Okay.

[Robb:](#) And what the literature suggests is that, and this is true, people trying to gain weight, gain muscle mass, you've got to work, work, work, work, work and let's say skinny dude like me gains 10 pounds of muscle, you've got to really stay on top of that and you need

to maintain that for six months or a year before the body is kind of like, okay, this is the new normal. If you gain the 10 pounds of muscle and then you go on vacation and you don't train and your diet goes, you consume fewer calories, you will lose that muscle mass. The flip side of this is that if you're trying to lose body weight, it's about six months to a year and probably closer to that year point before your body says, okay, this is kind of my new normal. And it has to do with hypothalamic regulation, appetite regulation, leptin, ghrelin, all of those things play into this. It just takes awhile to train the body to be at that new set point.

[Nicki:](#) Okay. So, a year, potentially?

[Robb:](#) I would gun for a year.

[Nicki:](#) [crosstalk 00:21:36] expectation and keep-

[Robb:](#) And understand it's gonna be a non-linear process. You're gonna make some forward progress, then you may backslide a little bit, then you tighten things up and make some more forward progress. You may end up bifurcating this and you say, "Okay. I'm gonna make 250 my new normal." And then you maintain there for awhile, but it depends. Some people, they rocket down, but then they need to work for awhile to maintain that new spot. It's easy comparatively to backslide and regain the body weight. Yeah.

[Nicki:](#) Gotcha. Okay. Our next question is from Sandy on healing the gut after giardia. Robb, I believe you've mentioned some time in the past you tested positive for giardia. I just found out today that I did as well. After treatment, how did you rebuild your microbiome?

[Robb:](#) Man. The rebuilding the microbiome is a tough thing to answer. We're gonna do a podcast with Mike Ruscio. I mentioned to you guys that we're mainly shifting to Q&A, but Ruscio, I think I mentioned last time. He's just provided such enormous value to people that it's one of these folks I feel inclined to go back to again and again because he's really Johnny on the spot with this stuff. Instead of looking at microbiome, I would look more at functionality. How are you feeling? What are your stools like? Do you have any lingering signs and symptoms of dysbiosis, and then we have to go in and start addressing that some people do great with probiotics in general, some people do horribly. Like folks that have histamine intolerance tend to do poorly with the standard probiotic formulations, but yet these people may do very well with a fecal transplant.

[Robb:](#) And again, there's huge variation in this story, but I would just keep your fingers crossed. Hopefully you didn't get totally crushed by the giardia. It's interesting, the studies that I've looked at on this is one round of anti-microbials, antibiotics, it changes the gut microbiota forever effectively. We don't really know what that means. People kind of freak out about it, particularly problematic with kids because you're like, oh did they start with pristine gut microbiota and it changes after a round of antibiotics. We just don't know. But this is where I think looking at clinical manifestations, again some people do great with prebiotic fiber and that seems to make things better.

[Robb:](#) I think we have some questions here, actually the next one on green leafy vegetables. Other people it doesn't work for them at all and it exacerbates problems. I think you just kind of have to look at it more on a clinical outcome basis. Are your poos formed or on the flip side of that, are you constipated. Are you showing signs and symptoms of gut dysbiosis, small intestinal bacteria overgrowth. You know, these irritable bowel syndrome type things. And if you do, that's when we need to get in and start peeling the



onion and figuring out how to deal with that. But I would be nervous about recommending anything absent knowing what's going on.

[Robb:](#) Because one thing that I'm fairly confident with, and again I got most of this data from Dr. Ruscio, in the clinical trials that have been done on prebiotic administration about 50% of people get better, about 50% of people get worse. So it's really highly individual process. And then even within that, some people do great on VSL3, which is a particular probiotic strain that has shown some efficacy for ulcerative colitis and post c. difficile infection. But then other people have problems with it. So, it's just a big thing, but again figure out a baseline, see how you're doing and then if there's problems, then we need to get in and start trying to triage and figure out what's going on. Dr. Ruscio's book Healthy Gut, Healthy You is a fantastic resource. And for a print book, it is so powerful in that it provides a logic tree. You are here, you're experiencing this, do this thing. If A, B, C happens, then it leads you to the next step and the next step. Yeah.

[Nicki:](#) All right. All right. Our next question is from Ryan on leafy green vegetables. He says, "On a recent version of the Paleo Solution podcast, Robb you mentioned that you didn't do well with leafy greens. This kind of blew me away as I just assumed that leafy green vegetables were universally great for you. This got me thinking about my own N equals one experiences, which is normally after about two hours after eating a salad for lunch, I have pretty loose stool. I had been associating it with keto and or the electrolyte elixir, but now I am thinking it may be the leafy greens. I will be doing a series of N equals one experiments to try to nail this down. But I wonder if Robb could share some links to additional information on this, or cover in more detail on the podcast why leafy greens may not be universally good for everyone."

[Robb:](#) Oh, man. This is one of these funny things. So when I went paleo dealing with my ulcerative colitis things improved dramatically. But I was still always kind of on the loose side. And I just assumed that that was kind of my new normal, which it was given what the inputs were. But every once in awhile, I would notice that things were better and it was when I hadn't really eaten much [inaudible 00:27:27] greens. But that was craziness. That was madness. You get antioxidants, you get fiber, you get vitamins and minerals and micronutrients and all the stuff. And then carnivore happened, and these people who have horrible gut problems, horrible autoimmune conditions started making these really remarkable improvements in their health by completing or largely removing plant materials, in particular green fibrous twiggy type stuff. And ironically, just a ton of people have commented that they may do well with, we'll assume the protein is the freebie and even within that there's a spectrum of what people do well with. Some people have to stick 100% with-

[Nicki:](#) Beef.

[Robb:](#) Beef, and lamb, no chicken, no pork. So, there's variation within that. But then some sort of starchy tuber like potatoes or yucca or something like that. They do okay with. Maybe even white rice. Higher glycemic load fruits like mango and papaya, pineapple, bananas, these things that we're told don't eat because it raises blood sugar really rapidly. Which in a lot of people it does. But it was interesting that these things that just on the surface you would generally make the case that they're easier to digest people were doing better with. And then things like a salad, they were just getting crushed by it. So, it's still one of these things that I feel like a little bit of a crazy person myself because we're wanting to recommend balance nutrition and everything. But balance, it's a term with no meaning. It's all context driven.

[Robb:](#) It's like Mikhaila Peterson just figured out that she has Lyme disease and is that the totality of what her issues are? Is that something that's been layered on later? It would suggest potentially that she had Lyme exposure when she was two, which is when she developed rheumatoid arthritis first. I haven't been able to talk to her, maybe we'll get her back on the podcast to talk about some of that stuff. But the reality is that on a clinical outcome side, removing plants for the most part has been really beneficial for. So that's where we have to hang our hats. I think so long as, even I was gonna say, you want to eat a lot of offal, you know, liver and everything. There are people who don't do it and they motor along just fine. This is again Mikhaila Peterson's blood work. If you guys missed that, we had her on the podcast and we went through advanced testing that we do in our clinic looking at lipoproteins, hers looked great. Not everybody's does.

[Robb:](#) I did a little experiment for about four weeks before I pulled the plug on carnivore and my lipoproteins went from 1100 to 2600. There's still a question as to whether or not that is in total a net negative with regards to atherogenic potential, but it's a worrisome. It would be nice if my blood work just looked great, all that stuff. But it didn't and I didn't feel well and I was kind of crazy and neurotic while doing it. But yeah. Ryan it's interesting. And I think that this is something that we have to lean back and let the again the clinical outcomes drive this thing.

[Nicki:](#) You do better with things like broccoli that's cooked versus like salad.

[Robb:](#) Very well. Yeah.

[Nicki:](#) Or just raw greens.

[Robb:](#) And Nicki's been getting in and doing one of our good friends, [Jackie 00:31:06], she's actually the CEO of the risk assessment program.

[Nicki:](#) Super easy salad dressing. It sounds so basic, but it's basically three parts olive oil-

[Robb:](#) One part.

[Nicki:](#) One part apple cider vinegar, a ton of salt. I feel like I put in a tablespoon of salt.

[Robb:](#) Some garlic, optional.

[Nicki:](#) Some garlic. And by three parts, probably-

[Robb:](#) Well you could do three-quarters cup.

[Nicki:](#) Three-quarters cup and then one quarter cup of the apple cider vinegar and just shake it up. We've been dressing our salads with that. The girls really, really like it.

[Robb:](#) But what I've noticed is that if Nicki dresses the salad maybe an hour in advance and then we put a lid on it and I keep shaking and mixing it and everything, the vinegar kind of breaks down the greens. And you can cook things with acid. This is what ceviche is. So acid cooking is a viable option. If I have a little bit of hypochlorhydria, a little bit of low stomach acid it may be helping in that regard. So there's lots of layers to this. But cooking the plant matter definitely helps things for me. But even then, if I go above a certain threshold in eating veggies, the next day I'm a little on the loose side. And I've talked about the immodium and the benefit that I've had, maybe next podcast we'll do an all immodium all the way around. Because we've had a lot of questions on the 10 and

2 on Instagram and stuff like that. So maybe we do an all immodium episode where I try to dig into what the mechanism is, why you might want to try it, some caveats.

[Robb:](#) I did just get back from the Henry Akins hidden jiu jitsu camp down in Costa Rica, and there was a guy there, [Sean 00:32:57], who's a hospitalist at a place back east. And he's been recommending this for the better part of 10 years. He's lost 100 pounds on keto and somewhere along the time, people with IBS he's started recommending immodium for these folks on a long term basis, two to six milligrams in the morning for the most part. And just being wary of anything that looks like a c. Diff infection or a hemolytic e. Coli which is basically like you've got stuff coming out of both ends. You maybe have some blood with it, you absolutely do not want to use immodium. You don't want to lock that stuff in there. You want the body to purge and do all that stuff. So yeah. Or giardia, like one of the previous questions.

[Nicki:](#) Right.

[Robb:](#) It's interesting. But I think again if our digestion is good, good things seem to happen as a consequence. And if good digestion means you don't do a massive amount of fiber, I think that that's maybe a place to go. Is that the ultimate ancestral norm for humans? Maybe not. But this is where antibiotics, multi-generational antibiotic exposure, stress, I don't know all kinds of different things can play into this. But I think what's interesting is if we can tweak variables such that we get better clinical outcomes like our poo is better and we generally feel better, I think that everything else is going in a good direction.

[Nicki:](#) Cool.

[Robb:](#) Cool.

[Nicki:](#) Sounds good. Actually one thing following up on here. 'Cause he says that he wasn't sure if he'd associate this with keto or electrolytes. So I guess one question is have you noticed this in the past when you had salads before keto?

[Robb:](#) Good question.

[Nicki:](#) Has this been a thing throughout your life, or if it's just recently after you've started keto and supplementing with electrolytes, then that it could be. 'Cause some people who do go aggressive with electrolytes out of the gate can have-

[Robb:](#) Yep.

[Nicki:](#) Lose stools.

[Robb:](#) Particularly if you're using a magnesium citrate form, which is if you're gonna supplement with magnesium I would recommend glycinate.

[Nicki:](#) Malate.

[Robb:](#) Malate. Almost any of the other forms besides citrate. Citrate is literally cataloged within pharmacology as a laxative. So, the absorption that we get from it is pretty low. The amount of water that's pulled into the stool is super high. So, if we were to look at anywhere at a problem related to electrolytes, it would be the magnesium form in my opinion.

[Nicki:](#) Okay.

[Robb:](#) Awesome, wife. Thank you.

[Nicki:](#) [crosstalk 00:35:35] questions for this week.

[Robb:](#) Cool. Thank you folks.

[Nicki:](#) Thanks guys.

[Robb:](#) Take care.