

**Robb:** Oh, hey. Don't let me stop you from doing what you're doing.

**Nicki:** You have hot coffee.

**Robb:** Oh, hot is relative. It's warmer than what I would like to expose my mucus membranes to, but, yeah. Yeah.

**Nicki:** Okay. Anything new you want to share?

**Robb:** Probably doing some jiu-jitsu today with Nelson Puentes, the founder of Inverted Gears.

**Nicki:** Cool.

**Robb:** So I'm hoping that that happens later today.

**Nicki:** Is he in Reno?

**Robb:** He's in Reno.

**Nicki:** Didn't tell me that.

**Robb:** He just pinged me yesterday, so we'll see how that goes.

**Nicki:** That's exciting.

**Robb:** Yeah. So I get some Puentes smashitude today, hopefully.

**Nicki:** All right, should we jump into our questions?

**Robb:** Well, let's wade into him. Let's take our time and go safely.

**Nicki:** Slowly.

**Robb:** Yeah.

**Nicki:** Okay. Well this the first one is on baby-led weaning from Rory. And he says, "We follow Chris Kresser's Healthy Baby Code when introducing foods to our children, starting with purees and graduating to solid foods over time." She's recently learned of baby-led weaning. Completely unscientific aside, anything that starts with baby-led, it can't be a good idea, like baby-led bedtime or baby-led TV watching. Baby-led bedtime is definitely not a good. Toddler-led bedtime and seven-year-old-led bedtime is also not a good idea.

**Nicki:** "The theory, as I understand it, is that you present your kid with chunks of various foods and let them choose what to eat based on their tastes rather than forcing a puree of some kind that they may not prefer if they weren't being fed by you. Your thoughts? I know your kids are obviously Paleo and we're curious how you navigated the introduction of foods and respect for their preferences as their tastes develop."

**Robb:** We have no respect for them. We just force food on them and told them, "This is a hard life, kids. The sooner you learn that better." Or not really. So I did two blog posts on feeding kids Paleo, so we should definitely link to those. They're old now, but I mean everybody else's kids go through the same-

**Nicki:** Our kids are old now.

**Robb:** ...Yeah. They go through these cycles and...

**Nicki:** I guess the tough, I mean, some of the baby-led stuff. I mean, Zoe loved liver. We'd cook a piece of beef liver or chicken liver and she would just hold it and suck on it. Bacon, apples... For me, and I don't know if this is just like a paranoid mom thing, but the choking thing was, and Zoe in particular, we did the finger sweep of her throat probably-

**Robb:** Well, even when she was three, maybe four, we were traveling, we were in a whole foods doing like the food bar and I had to get up and do the back strike. Yeah.

**Nicki:** Yeah. She was our one that was prone to gagging and choking on food.

**Robb:** Because she has a tendency of only chewing her food like twice. Might be a genetic predilection there. And then she tries to swallow it whole.

**Nicki:** She does take after me.

**Robb:** Readers of The Paleo Solution might recall...

**Nicki:** Right. Recognize the reference.

**Robb:** Yeah. Yeah. So, I mean, we did that stuff, but we also... So this is one of the things, so for the little little ones, when they're just transitioning, what was really interesting, and we had a fair amount of pushback around this, even from our good friend Eva T., but I think she was kind of misguided on that. We would puree a food and the kids were totally ho-hum about it, but if we just chewed it a little bit and then like took it and slapped it in their mouth, they ate it. Like they, it was-

**Nicki:** Because they're fixated on what you're eating and if you give them, you know, it was mainly meat that we did that with.

**Robb:** Yeah. Yeah. So that was interesting. And if you think about the whole gut microbiome thing and all that stuff, it's kind of an intriguing story. When you look at the way that traditional cultures deal with a lot of the processes that we see as being unsanitary, and maybe this is why a lot of people die young, due to infectious disease, but I think that there's some upsides too, so... Are we actually answering this question? I mean we're kind of bouncing around.

**Nicki:** Okay. So how did we navigate the introduction of foods and respect for their preferences?

**Robb:** Some of it was chewing food.

**Nicki:** Yeah, we offered them things and like avocado, sweet potato, they both really liked sweet potato early on. Both the orange yam ones, the purple kind of Hawaiian-

**Robb:** Yeah, yeah, the purple sweet, and that was a funny thing too. Both of them loved all that stuff earlier and I don't know if we burned them out or what, but now they don't really eat it that well. Yeah.

**Nicki:** And if they didn't like it, we would...

**Robb:** Put it back in the rotation maybe six months later.

**Nicki:** Yeah, we'd wait a little while and then offer it to them again.

**Robb:** What was that deal, like, we entered... Neither one of our kids did the projectile vomiting of eggs. The egg yolk was the thing to introduce to the kids, but we actually punted that because everything we read, seemed like 50% of the kids projectile vomited. But we didn't have a problem with that. One problem we've had is fruit, even to this day where particularly summertime rolls around and-

**Nicki:** Zoe would get a rash from pineapple. She loved pineapple. She'd eat a ton of it. This was just like 11 months old, 12 months old. And then she had a rash all over her legs, so we had to cut back the pineapple.

**Robb:** Well, and they will get the trots too. Like they'll eat fruit until they're shitting like geese. And it's tough because it gets hot and you want something simple-

**Nicki:** And they like it.

**Robb:** ...And you don't want to arm wrestle with them over everything and they like it. So it's like, "Oh man." You just keep on chopping off logs of watermelon or apples. Both. We've noticed apples are kind of rough on both kids.

**Nicki:** If they eat too many apples, they'll both complain that their stomach hurts.

**Robb:** Yeah. But again, I feel like we're kind of bouncing around this thing.

**Nicki:** Yeah. We didn't do the baby, like the baby led weaning, at least as I understand it, it's like you're putting whole pieces of stuff out there and then they're tasting it and just going to what they gravitate towards. We sort of, whatever we cooked, we gave them some version of that. Whether it was sweet potato, pieces of cooked broccoli, fruit, meat, like you said, chewed it first. And there are things that they clearly spit out and didn't like and we just waited and tried it again.

**Robb:** Yeah. It is interesting though, when you look at the detox pathways in children. Kids seem to have a more attuned sense for bitter tastes, which mainly comes from plants. So even to the degree that they ate greens, it was just like the very greeniest tip top of the broccoli.

**Nicki:** Yeah. Broccoli, just the tip. Like the leafy part.

**Robb:** The very end of the floret. Yeah. Yeah. So when you think about a nutrient density kind of story, like they smashed meat, they really went after liver. Sagan liked butter a lot, Zoe not so much, which was interesting. I mean, Sagan would ask for just a slice of butter to eat. It makes a ton of sense to me that the kids are gravitating towards these more nutrient dense foods we figured out with like salads, we don't do a ton of salads, we do some salad, but we figured out like three different dressings. You do a apple cider vinegar, olive oil-

**Nicki:** Olive oil, one clove of garlic and a lot of salt

**Robb:** And then puree that and put it on the salad.

**Nicki:** Well, that's now, and they're almost five and seven.

**Robb:** Right. But they wouldn't eat that stuff at all without that. But even to the degree they eat that, you put that dressing on ahead of time and it almost kind of breaks stuff down because of the acid load. So it's interesting. I think that there's some pretty, I think people get overly concerned about getting greens into their kids. It'll happen when it's supposed to happen. If you get sufficient animal products in them, they're not going to be nutrient deficient.

**Nicki:** And we made a lot of soups.

**Robb:** We did make a lot of soups.

**Nicki:** We always do a lot of soups, especially in the winter. So we would just puree that and they would eat that.

**Robb:** One side note, I remember reading about this stuff, like if you want your kids to eat things better and it's kind of a pain in the ass, but if you cut things smaller, the kids will tend to eat more. And not surprisingly, this is also one of the things that we see-

**Nicki:** Makes things more hyperpalatable.

**Robb:** Makes it more hyperpalatable. So when when people tend to overeat, it's when things are super cut up and well processed and everything. But again, I think that there's some interesting kind of evolutionary biology on just observing how kids eat, like they tend to gravitate towards nutrient dense foods, they seem to have a real aversion towards things that could potentially be toxic, mainly like bitter type substances and stuff like that. What else? What else? You definitely see the dangers of hyperpalatable foods real quickly with kids, so yeah. Yeah. And man, that was all over the place, for an otherwise simple question. But I mean, there's a lot going on.

**Nicki:** It's because we had our first kid seven years ago and so the sleep deprivation that has ensued since then-

**Robb:** And we're old.

**Nicki:** Like, we can sleep.

**Robb:** We should be having grandkids now instead of kids.

**Nicki:** All right. Thanks Rory. Let's see, our next question is from Laura on a post-lunch coma on keto.

**Nicki:** "Hi Robb and Nicki. I have a question regarding an incessant post-lunch coma regardless of diet. I've experienced a mean bout of fatigue and extreme cold everyday following lunch for much of my adult life. I've been on the Paleo bandwagon for almost 10 years with marginal improvement in that area, and recently doing keto, I've experienced only a little bit of relief. I still get almost debilitatingly fatigued and cold after eating lunch. If I have a sweet potato or a piece of fruit with lunch, it's definitely a lot worse. But even with my typical lunch of leftover protein and veggies or a version of Mark Sisson's Big-

Ass Salad, I experience a couple of hours of wanting to get in bed after lunch. I follow the KetoGains recommendations on electrolyte tracking and consumption of electrolytes. For breakfast I usually have some variation of three to four eggs. I'm 33 years old, female, healthy weight, CrossFit two to three times a week. My recent lab work was excellent, low inflammatory markers, lipids and blood sugar markers all good. T3 was on the low end of normal, but all other thyroid measures within normal..." Is that within normal limits?

**Robb:** Limits. Yep.

**Nicki:** "I am mindful of Circadian Rhythms and do all I can to optimize sleep, however it isn't ideal as I have a toddler and a baby. I don't think they can totally be blamed for the issue though, as I have experienced this for many years. Thanks for your time and for the profound impact you've had on my life and the lives of many others."

**Robb:** So I guess one question... So, when I was first reading through this, I was like electrolyte elect, oh, okay. She's doing the electrolyte. So that was one thing that I was thinking about. The other thing that I'm curious, does Laura experience this with breakfast or dinner or is this purely a lunch phenomena, and-

**Nicki:** I think she would say it, if it was after every meal. She specifically says-

**Robb:** Lunch.

**Nicki:** Lunch.

**Robb:** Yeah, but you know how people are. I'm sure Laura is super crackerjack, but if she's like "Oh yeah, it does happen with breakfast and dinner." So a couple of thoughts are maybe a low stomach acid kind of scenario. This thing is sounding almost more like a gut permeability, like, histamine response. It's sounding like something other than just blood sugar specifically.

**Robb:** If folks read Wired to Eat, you should recall that we have the blood sugar piece as a stand alone of just dietary carbohydrate, but we also have the immunogenic potential of food, and the bugger is that if we have, I think it was last week, we talked about digestive enzymes and all that stuff potentially helping with food reactivity, because if the food is super well-digested and broken down because of adequate acid load in the stomach and then digestive enzymes, then we have the appropriate things hitting the gut lining instead of intact proteins that can cause a response.

**Robb:** So that would be some stuff I would tinker with, like betaine hydrochloride capsules, apple cider vinegar capsules, maybe some sort of pancreatin enzyme that you throw down with the meal. Also, doing a 15 minute, 10 minute meditation post-meal I think could be huge. Any way that we can get into that parasympathetic state and kind of activate the vagal nerve so that we're getting blood flow and enervation to the GI tract and so that we're in that digest and rest mode could actually be helpful. It's interesting when you're used to stimulants and coffee and all that stuff. That's one type of energy. But being restful and not stressed is interestingly, and it's energetic too, but it's very different than like, you know.

**Nicki:** Right.

**Robb:** Yeah. Yeah. So I guess the thoughts that I would have, try doing some sort of a meditation practice, post-lunch if you can, if you can fit that in, even doing five minutes of-

**Nicki:** Well, not even post-lunch, but if you got into a routine where you did it in the morning and in the afternoon, the morning sit might help with the post-lunch fatigue.

**Robb:** Later. Yeah.

**Nicki:** Because if she's already tired, I could see her starting to sit and just like nodding off.

**Robb:** Nodding off. Could be, could be. But I would definitely noodle on some sort of a meditation practice, getting plugged into that, and then additionally the digestive support. And then beyond that. I got nothing beyond that. Yeah, yeah.

**Nicki:** Let us know, Laura, though. Like if you try the digestive support and it works, then let us know. If it doesn't work then let us know, and maybe Robb will, something else will joggle in his mind.

**Robb:** Do some additional noodling, yeah. And you know, she mentioned the T3 was on the low end of normal. This is kind of looking at cholesterol to some degree, but the way that thyroid is generally assessed, they should be looking at T3, T4, reverse T3, thyroid uptake, TSH, and you really need the whole picture that you're looking at with that. Plus we still need to then just ask the question, "Okay, do we see any clinical signs of problems?" And definitely thyroid is really important for basic metabolic rate. The fact that she mentioned cold multiple times, and she actually gets cold after a meal?

**Nicki:** Normally you get hot after a meal, yeah.

**Robb:** If anything, you should get warm after a meal. So that thyroid piece is something that it would be worth nosing around a little bit if you-

**Nicki:** If they didn't do the full thyroid.

**Robb:** Yeah, and virtually nobody does. If you little bit of googling on functional medicine thyroid panel, then you'll see the full suite that you should get on that. Chris Kresser has talked about it. Chris Masterjohn has talked about it. I think that we've posted on that previously. But that's the only other thing that's kind of rattling back there is potential low, legitimate low thyroid for you, even if you're within normal ranges. Yeah.

**Nicki:** Okay. Let's see. Our next question is from Medi. He says, it's on balding, and he says, "Hello. What is your advice for a 28-year-old male having male pattern baldness? Is it really genetic destiny, or is there any way of living, eating, exercising, sleeping, et cetera that can help me keep my hair? Please help. I don't know where to turn. Do you guys recommend any good sources for male pattern baldness information? I read Mark Sisson's article and I don't think I suffer from any of the conditions he mentions."

**Robb:** Yeah, it's interesting. So this is one of the things that we really don't see in pre-agricultural societies. I think that there's a genetic predisposition here and it relates to the conversion of testosterone and DHT, dihydrotestosterone, and this can kind of overwhelm the receptors and the hair follicles, particularly in this area, and that plus a kind of overly elevated insulin environment seems to be kind of the synergy that produces it. So a lower insulin load could be certainly helpful. And then there have been

some products, I'm blanking... Like the basic Rogaine-type stuff where people will apply something to the scalp. Those things really work. They work remarkably well for most people. Tend to have pretty minimal side effects because you're not taking these substances internally. You do get some internal activity, but because it's topical you don't get as much. But the two thoughts are to look into something like these Rogaine-type products and then also making sure the insulin load is properly addressed. And then sleep and exercise and all the other things that help you deal with that.

**Nicki:** I have a friend who swears also by scalp massage and handstands to increase the blood flow. I don't know if there's any science behind it.

**Robb:** What friend is this? You don't have to name the name, but...

**Nicki:** Somebody that I see when I go to my Austin stuff.

**Robb:** Okay. Okay.

**Nicki:** So I don't know if there is something to that but it's worth a shot.

**Robb:** I'll put that one on very much the anecdotal, not a lot of...

**Nicki:** But hey, doing handstands are good for you.

**Robb:** Handstands are good for you. Yeah.

**Nicki:** And scalp massages feels good.

**Robb:** There you go. Reduce cortisol and maybe everything works out. So yeah.

**Nicki:** Anything else on that one?

**Robb:** Nope. Nope. I don't want to beat that one any more. Nope.

**Nicki:** Okay. All right. Our next question is from Kevin, portion sizes like Eddie the strongman.

**Nicki:** "Hi. Can you give a little help in the way of portion sizes? I have been eating Paleo, low carb, grain-dairy-legume free for about a year and I feel like I've just recently stopped craving sugar and it feels liberating. I'm extremely active due to my work. I'm 5'9", 145 pounds, lean male. In order to feel full, my meals, three or four a day, are absolutely giant. Usually I have focused on about eight to 10 ounces of protein per meal and fill the rest with giant vegetable portions.

**Nicki:** "Recently, due to all that vegetable bloating the heck out of my belly, I've switched to more like 16 to 20 ounces of protein and a bit less veggies to cut down on the bloating. This feels better but it seems like a ton and I was wondering how this compares to others. Basically for every meal recently I throw 16 to 20 ounces of protein in a 10 and a half inch or 12 inch cast iron skillet, cook the protein with a fat and then fill the pan to the top with veggies. I thoroughly enjoy this, but when I explained to some folks I put down 16 or so ounces of beef, pork, fish, chicken, they look at me like I will have colon cancer within the calendar year.

**Nicki:** "I admit I am too darn active, but I have no choice due to work then play. Light details, but I work in the mountains above 8,000 feet and I'm self powered everywhere I go with a large pack. Sleep is decent, as I work emergency services and sometimes we'll be up all night working, but not the norm. We get tons of sun, weight is good I think, blood work appears good. Any suggestions on these portion sizes? I feel like I'm going to eat myself into bankruptcy, but need to feed the beast to keep my energy up. I tinker on-off with safe starches, but I feel like these make me more hungry and I'm more satisfied with the higher protein. I've also played with Carb Nite-like refeeds per John Key for when I'm running a touch lightweight or low on energy, which gives me a bit of a recharge, but I'm still avoiding grains, dairy, and legumes during the refeed.

**Nicki:** I generally use fat for flavor per your suggestion, as if I go big on fat, it makes me kind of nauseous and I get less than ideal bowel movements. Although it has been a year on Paleo coming off of 15 years of vegetarianism, I feel like I've yet to find the optimal balance and I'm constantly tinkering. My body comp has changed drastically as I've noticed I now have muscles and carry about three to five extra pounds that I believe is muscle. Help me please. I very much enjoy your work. You are a good person."

**Robb:** So, I mean the main question here is, is he eating too much protein and is he going to get the cancers from it and all that stuff. I did a talk on will low carb diets shorten your life, and as part of that I dig into this thing called the mid-Victorian diet and it's really interesting because it looks at people living in the UK, the mid-Victorian era, early 1800s. Food quality was pretty low, health was poor. As food distribution networks get better established and some improvements in animal husbandry and farming practices occur, people eat more fish, people eat a lot more protein from ruminants in particular and then more fruit. And not surprisingly, there's about an 80 year period there that this occurs, and people get taller, they get healthier, their average lifespan is as good as what it is today, or I do believe, even better. And this is pre-antibiotics, pre-surgery, all this stuff.

**Robb:** And then they start industrializing their food system and everybody gets, like there's six inches of height loss, the lifespan plummets until 1940, 1950 do we start seeing a food system that's able to feed people adequately to start outdoing some of that stuff. So these folks were very, very active. The males on average ate about 4,500 to 5,000 calories a day. They had an activity level that supported that. The women were very, very active, too. Similar caloric intake to a smaller body frame. And these people were not succumbing to the diseases of, you know, western degenerative disease, because they ate a largely whole unprocessed diet. They got adequate protein, which was quite a lot of protein, at least a gram of protein per pound of body weight was kind of the norm for these folks, and good nutrient density. So on the one hand, there's nothing compelling about this that has me worried about the cancer and you know, what is it from Deadpool, El Cancer? How do you say cancer in Spanish? El cancer?

**Robb:** So I'm just not, you know... And then part of the question too is like, okay, what else are you going to do? You've tinkered with eating more starchy type things and you don't feel as good and you actually get more hungry, which is kind of the thing that I've experienced and is this kind of roller coaster I'm always on, and it was kind of the magic of the first time I went low carb. I wasn't always hungry. And I know that for some people, like if you get real geeked out on the endocrinology, insulin should be anorexigenic. It should make you full. And I think in normal people, like normal human physiology, that should be true. But not that many of us are normal. There's different elements of gut dysbiosis, different elements of kind of broken at. And so it sounds like

what Kevin is doing is working. I appreciate that it's probably not the cheapest way to eat, but you're also investing in your health and your longterm physicality.

**Nicki:** And he is so incredibly active, like if his activity level dropped... But it sounds like it can't because that's his work. He probably would drop that.

**Robb:** Right. And again, I've experienced the same thing where if I add too much outside fat, I get the trots, also. That you have some support helps that, for sure. Betaine hydrochloride, the apple cider vinegar caps. It sounds like just fat absorption may be a real issue. So doing something like ox bile, which helps you to emulsify and absorb those fats. And then tinkering with, like I noticed that starches I don't do... Not well with, like I, so-so, but real small amounts, but like berries and melons, to the degree I can tolerate things, berries, melons, mangoes, papaya. Oddly enough, the high-glycemic load tropical fruits actually do comparatively okay on, it tends to not give me massive GI problems and I tend to not have as much of the blood sugar highs and lows, to the degree that I'd stick those in the rotation.

**Nicki:** Okay. Let's see. Our last question is on creatine and cold sores. This question is from Chris. "Hey Robb and Nicki. I'm a longtime listener and a fan of both formats, but super glad that you guys decided to bring back the Q and A's. Each week I look forward to listening to your Jedi-like Paleo wisdom. But enough about you. Let's talk about me. The vane of my existence since my late teens." The vein of... The bane of my existence.

**Robb:** Should be bane. Yeah.

**Nicki:** Yeah. "Since my late teens has been the occasional cold sore. I've been Paleo cyclic ketogenic for about four years now, which has decreased the occurrence from about four to five times a year to only once or twice a year. Still, I absolutely dread the day that one of those little suckers shows up, and I do everything in my power to prevent that from happening. Since arginine seems to be an antagonist to the virus, I do my best to avoid it at all costs and supplement with L glycine as well.

**Nicki:** "This brings me to my question, which pertains to creatine. I have been thinking about starting to supplement with creatine, but when doing research, I realized that is actually made up of the three specific amino acids methionine, glycine, and yep, arginine. Now I'm worried that supplementing with creatine will cause a dreaded outbreak. Is this accurate or am I over-analyzing? Would supplementing with lysine at the same time prevent arginine dominance in the cells or is that nonsense? Any other tips on prevention? I've scoured the interwebs for an answer to no avail and would appreciate your input, Paleo Wan Kenobi. Thank you for what you do and keep up the good work."

**Robb:** I'm perplexed by this. Do you want to do a little Google searching in here, wife?

**Nicki:** What do you want me to Google? Yeah.

**Robb:** Creatine structure. It doesn't make sense to me that creatine is made up of those...

**Nicki:** Want me to click on-

**Robb:** Yeah, creatine structure. Because it's a fairly simple, it's all the phosphate backbone. Where's the backbone to attach phosphates? I don't get where the notion that creatine is containing arginine and this other, well, arginine in particular. So I don't think that that's an issue at all. One, he's doing great management using the lysine. You can use

lysine, both topical creams that I'm blanking on the name of the outfit, but they have a lysine cream that you can use, and then just taking lysine prophylactically with meals is a great idea. I don't think that the arginine is going to be remotely an issue in the case with creatine, because... Maybe he's looked at some formulas that have these other amino acids in the mix, but that is not the backbone of creatine. So, yeah.

**Nicki:** Do cold sores happen when you're more rundown?

**Robb:** Absolutely do. Yeah.

**Nicki:** Isn't that when you're kind of like-

**Robb:** Yeah. They absolutely do.

**Nicki:** So maybe it's like trying to manage, clearly, sleep and all these other lifestyle factors to keep you more...

**Robb:** Yeah. Yeah, for sure. I mean the more immunocompromised you are, the more likely you are... And it's one of those signs of things kind of going sideways. Arginine can definitely be a growth promoter, whereas lysine tends to be a growth inhibitor on the cold sore viruses. This is not, but to your point, it's similar to folks that, they get shingles occasionally. Like somebody will get super rundown, they get mono and then on the tail end of mono they end up with shingles because they're very immune-compromised and these viruses can sense when the immune system is somewhat compromised and they will ramp up viral replication cause they've got a little window of opportunity.

**Nicki:** Might be interesting, Chris, if you kind of pay attention, the next time you get one, what would the two weeks leading up to that looking like? Were you super stressed and have tons of, kind of, stuff going on in your life? And then at least you have that baseline.

**Robb:** That baseline. Yeah.

**Nicki:** And then if you feel yourself kind of going into a mode like that, you can kind of try to take a step back if it's possible.

**Robb:** For sure. And yeah.

**Nicki:** Do some self care.

**Robb:** Yeah. But as far as the baseline, like I don't see, unless I'm totally failing my, if I need my biochemist card revoked, I don't see how arginine is a player in the structure of creatine.

**Nicki:** Okay. I think that was our last question for the-

**Robb:** Cool. Okay. Anything else?

**Nicki:** I don't think so. We're trying to...

**Robb:** Trying to bank some of these.

**Nicki:** Stock some of these up just because summer is coming, believe it or not, and our kids are going to be out of school, so it's good-

**Robb:** Yeah, like Game of Thrones, winter is coming and chaos ensues.

**Nicki:** For us it's summer is coming. So we want to try to make sure we don't leave you guys high and dry over the summer. So we're going to... And it definitely will be a little more challenging with the kids home.

**Robb:** Yeah. And we're going to be moving.

**Nicki:** We're going to be moving.

**Robb:** So we will be attempting to bank these, but keep sending in questions. We will get to those.

**Nicki:** Yeah. You can submit those at the contact page on [robbwolf.com](http://robbwolf.com).

**Robb:** And most of the activity I'm doing online currently is [@dasrobbwolf](https://www.instagram.com/dasrobbwolf) on Instagram. We have some interesting stuff cooking now. We'll let you guys know about that more as that rolls out. So yeah.

**Nicki:** Yeah. And as always, our show sponsor this week is drink Elements. All of your electrolyte needs with none of the dodgy stuff.

**Robb:** Oh, and to that point, just saw it this morning, literally haven't even read the paper yet, but the, I guess the headline with the actual scientific paper is, "How much sodium are you consuming... Probably not enough." And just in the very quick glance that I looked at on that, it said that folks should be getting at least three to five grams of sodium per day. There's probably some outliers, some exceptions around there, but this scores up very nicely with what we saw from the Type 2 diabetic heart patients and the U curve in that population with the low ebb of morbidity, mortality being at five grams of intake per day. So, we're not crazy, apparently, recommending supplemental sodium. And from the results that people have been getting, it seems like it's working pretty well for people.

**Nicki:** Cool.

**Robb:** Cool.

**Nicki:** All right guys. See you next time.