

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 exploitive. If foul language is not your thing, if it gets your britches in a bunch, well, there's always Disney Plus.

Nicki: Okay. We are live. Welcome back to another episode of The Healthy Rebellion Radio.

Robb: Wow. That was incredibly canned.

Nicki: I'm doing my best sexy, canned intro voice.

Robb: I like it. I like it.

Nicki: What's going on, hubs?

Robb: Not too much. Another day above ground.

Nicki: Another day above ground, for sure.

Robb: We're in our beginning of the packing frenzy, getting ready to go to Montana.

Nicki: We have begun. Yep. There's lot-

Robb: (singing). We're getting a lot of music.

Nicki: Who sings that?

Robb: Oh, it's the Carpenters or something. Yeah, very sad story.

Nicki: Oh, okay. I don't think I know that song.

Robb: Karen Carpenter, she died of anorexia. Yeah, she was not healthy at any size.

Nicki: Gotcha. Shit, we're starting it off, aren't we? Okay. Let's see here. So we're recording this a little bit early because we got a lot of stuff going on this week. So, I'm coming up here. But when this episode releases, which is February 5th, we will have just wrapped up our sleep week in the reset. We see this every time and this time is no different, a lot of big revelations with regards to protein consumption. So, that's cool to see. Lots of people are feeling better. Again, just like I always thought that the... "Whenever Robb and Nicki talked about protein, I thought that didn't apply to me because I eat enough protein." But once they actually were weighing it out and looking at it, they realized they were falling short.

Robb: Well, and I'm going to do a little of throwing Dave Dooley, our good friend, under the bus. He called me and he was like, "Dude, I feel like shit. I'm not feeling well." He did a consult with Diana Rodgers and she was like, "That fucking guy doesn't need any protein, like none." When I asked him that day-

Nicki: Well, the day you asked him, he's like, "I had salad and bacon for breakfast."

Robb: I was like, "Bacon is great, but unless you're eating a pound of it in a sitting, there's no protein there."

Nicki: Yeah. So anyway, the food-

Robb: That has continuous to be a thing.

Nicki: ... week was eye-opening for a lot of people in that regard. And then sleep week, I'm sure there'll be some similar takeaways.

Robb: I just wanted to comment really quickly on that. I was on the Mark Bell Power podcast, which was great. He's a great guy. Really grateful for the friendship and the support those guys had thrown out. But Mark threw something out that was really interesting. He said, "What do you think about a rubric in which whole food protein that isn't super fat rich, so not necessarily rib eyes, but reasonable piece of protein, but that that would basically be a free food and kind of like in the Weight Watchers, like broccoli is a free food and this is a free food? I was kind of like, "Man, that makes a lot of sense," because we've had people in the Rebellion in the reset and they're like, "I'm getting close to my calories because I-

Nicki: If I meet my protein, I'm going to be over my calorie intake and it's always go for the protein-

Robb: Yeah, go for the protein and then-

Nicki: ... especially if it's lean, like you're saying.

Robb: Yeah. Yeah. So it's interesting. So yet again, that thing definitely is panning out.

Nicki: Mm-hmm (affirmative). Yep. Let's see. What do you have for... Oh my goodness, I see the link now for our news topic.

Robb: But don't we have to?

Nicki: We had a lot of fun with this one in the Rebellion. One of our rebels, Phil posted a link to, I think, this Guardian piece and then you found it on another news outlet, but...

Robb: So I want you to read the headline here.

Nicki: Okay.

Robb: Well, you just need to read it.

Nicki: Let me click on it because it's... Okay.

Robb: You just read it. That's the headline.

Nicki: China starts using anal swabs to test COVID high infection areas.

Robb: I liked that.

Nicki: Yeah, we had a lot of fun with this one in the Rebellion, but basically it-

Robb: Jack was like the drive by testing scenario and-

Nicki: Jack was like, "Imagine the drive by testing scenario." "Excuse me, mate, can you roll down your window? Yep."

Robb: Just a crack.

Nicki: "Just a crack" pun intended. "Lift that arch right up to that. There you go. Deep breath."

Robb: I think I said something like, "Finally, something I can get behind with COVID." And people were like, "Isn't that in front of?" And I'm like, "Touché." So, it's funny. On the one hand, I will say on the more keeping our feet on the ground level though, it's ironic that we're finally having the discussion around PCR cycle times and the importance of that in really having a firm grasp of how severe a particular infection is. So if there's maybe been some inconsistencies in counting cases, clearly nobody would want to do that as a matter of spite to just make things look as God awful as possible. But let's say that there was an accident and we've been counting a lot more people as cases that maybe perhaps shouldn't have been categorized in the same way. But what if we still needed literally a back pocket method for cataloging people with high COVID viral load?

Robb: And so, what this article mentions is that you tend to shed more viral load in your backend than you do out of your nostrils. And so, it's interesting that this would even be necessary. But the interesting piece about this is because you shed more virus particle out of your backend, then you can still meet the low cycle threshold standards within PCR. So, it's a little bit of ironic gameplay going on there, but also with that headline is just hilarious. So, there we have it.

Nicki: Yeah, we had some good fun with that one.

Robb: We did.

Nicki: Let's see. Okay. We will link to that for anybody who wants to check that out in the show notes. Let's see. Our T-shirt review winner this week goes to Tinybubbles6. He says, "Robb's sexy, deep voice. I just started listening to this podcast. While I find the topics interesting and Robb and Nicki to be articulate and down to earth refreshing in the current social climate, Robb could be babbling on about nothing and I would find this enjoyable to listen to. Seriously though, great show."

Robb: Unfortunately, I do babble on about nothing.

Nicki: I don't know Tinybubbles6 is female or male, but regardless, you do have a nice, sexy, deep voice.

Robb: Well, thank you. So do you.

Nicki: A sexy, deep voice?

Robb: Well, for a woman. Yes. You have a come-hither voice.

Nicki: Wow. I haven't had that kind of a compliment in a while.

Robb: You're not like a squeaky trombone. You're a bit more of a little more baritone in that.

Nicki: Okay. Okay. Yeah, I'm not an alto. That's for sure. Okay. Moving on. Or actually, Tinybubbles6, thank you for your review. Send us an email to hello@robbwolf.com and include your T-shirt size and your mailing address, and we will send you a Healthy Rebellion Radio T-shirt.

Robb: We will.

Nicki: We will. Okay. Healthy Rebellion Radio.

Robb: We will not sending you an anal swab though.

Nicki: No, no, no, no.

Robb: I think we should. Okay. You were saying?

Nicki: It was so funny because I put after Jack's thing, I said, "LMAO, laughing my ass off." He replied with an SMAO, like swabbing my ass off. Sorry. I had lots of literal laughing out loud moments. The anal swab, it just doesn't get old.

Robb: We definitely milk that for a lot. Yep.

Nicki: All right. The Healthy Rebellion Radio is sponsored by our salty AF electrolyte company LMNT. We've had a ton of conversation inside The Healthy Rebellion community about all the ways people like to drink their LMNT. Especially recently, the rebel community has been reporting about their new favorite hot beverage LMNT combo. So I thought we would mention some of these to give you all some ideas or inspiration, especially if you live in a cold climate and prefer to have warm beverages right now. So, we've mentioned previously that chocolate salt in coffee is amazing and we do that regularly. Some folks will add heavy cream if they tolerate dairy, and that's a super yummy. Chocolate salt in hot water makes a great hot cocoa. Again, some folks add heavy cream. Some people add coconut cream just to add a little of that creaminess.

Robb: The really weirdos add some almond milk, but... Yeah.

Nicki: Some people do almond milk. Yep. Then we have chocolate salt pull-ins, adding chocolate salt to a large mug of peppermint tea. So Alison, who's one of our founding rebels and moderators, introduced us all to that one. And then Ann mixed her chocolate salt with hot cinnamon spice black tea, and said, "Alison, thank you for the tea plus LMNT inspiration. There are no words to describe the joy of this combo." So, that's another good option. Lots of these with chocolate salt. Sarah in our chat last week said, "Boiling water with a half of an LMNT makes me stay warm and cozy. Why didn't I think of this months ago?"

Robb: I'm assuming that it becomes lower than boiling when she consumes it, but-

Nicki: Yeah, you don't want to burn your tongue. That would be bad. Hannah says, "Hot raspberry is like a hot tea. It is fantastic." Betsy said, "I don't remember who started the conversation about hot drinks today in the chat, but damn, thank you. Drinking an orange LMNT in hot water and it's very tasty." And then Viro mixes her raw unflavored with lemon juice and ginger. So, that's another great combo. Of course, my favorite, lemon habanero in hot water.

Robb: Is that what you're rocking over there?

Nicki: That's what I have right here that I'm drinking today. It's amazing. Again, as we've mentioned, with any of the spicy ones, do not inhale. You'll find yourself coughing.

Robb: So in the age of COVID, if you're in an office scenario... And I don't know exactly how you do this. You have a high propensity for sneezing once you open one of these things.

Nicki: Do not breathe. Yeah.

Robb: Yeah. And so, we've had a few folks that had to be particularly careful if they're in an office setting and they opened one and then-

Nicki: Like, "I don't have COVID. I promise I'm fine."

Robb: I'm just drinking lemon habanero LMNT. Yeah.

Nicki: Yep. So, go to drinklmnt.com/robb. If you haven't tried LMNT before, you can grab a sample pack of the regular flavors, citrus, raspberry, orange, and the raw unflavored. Or you can also try our fiesta pack, which has the chocolate salt, the mango chili, and the lemon habanero. Or you can grab our value bundle, which is the best value. You can get three boxes and get the fourth one free. Just go to drinklmnt.com/robb. That's drinklmnt.com/robb, and grab your LMNT.

Robb: Or grab an anal swab.

Nicki: Oh Jesus, this is going to be a theme folks today. All right. Let's move on to our questions.

Robb: Very quickly, please, yes.

Nicki: Our first one this week is from Jamie on SIBO and post C-section. "Hi, Robb and Nicki. Love your passion and information for this podcast. I'm looking for some help with diving through the endless research and information on SIBO. A little background, I'm 34, and in January, I had my second baby. This time around, I had to have a C-section due to a previous abdominal surgery. I followed a pretty holistic lifestyle for the last 10 years and typically eat a paleo diet. I couldn't tell you the last time I had antibiotics until this surgery. A week post-op, my incision ended up getting infected and I took another round of antibiotics. I'm not one to take pain meds, but I did rotate ibuprofen and Tylenol for the pain post-op. Of course, this all wreaked havoc on my gut. I never had gut issues and started to notice a lot of things changing postpartum. A month ago, I saw a functional med-

Robb: Nurse practitioner.

Nicki: ... nurse practitioner who did some labs, and I did a stool sample. A few weeks ago, we reviewed the results. I have SIBO methane-predominant, as well as H. pylori. There were other things like E. coli parasite, eek, and other digestive enzymes that were off. Basically, the nurse practitioner said that for right now, because I'm breastfeeding, I can't really take anything for the SIBO, but to try and just focus on my diet. Being the perfectionist that I am, I cannot settle for that. So I've been researching some things on SIBO and came across a podcast by Chris Kresser. They were discussing the supplement, Atrantil. They discussed some case studies on it and the positives, but I'm curious if you are familiar with this product and what the research says. Also, what are your thoughts on taking this while breastfeeding? Of course, it hasn't been studied. But if Nicki had SIBO, what would you do? Thanks so much."

Robb: Really good question. And I know the folks that have the Atrantil company, really great doctor. He's a GI doc by training. And then notice that most of what he did didn't actually help people. And so, he got in and just looked at everything in the medical literature that was more on the herbal pharmacopeia side of things, and then started tinkering. What's interesting about Atrantil is it will tend to help whether you are on... It's generally spun for irritable bowel disease, irritable bowel syndrome, which can range from diarrhea or being more constipated and it can go in between that. It seems to help both. They actually have some clinical trials on it. It shows great efficacy, very low side effects. Whether or not it's okay during breastfeeding, I would run by their customer service though. I suspect it's probably fine.

Robb: Short of that, I could make the case that just kind of stick into the lower FODMAP, a little bit lower carb side of things. Make sure that you get adequate electrolytes, particularly sodium so that you maintain your breast volume and all that. But if it turns out that those folks don't okay the Atrantil at this time, I think that you can get some pretty good management by just staying on the lower carb side of things. Doesn't need to be keto, but just pay attention to the way your digestion is functioning and you should find a way to navigate that better. Also, a little bit early time-restricted feeding, not eating really late in the evening, but eating enough, getting enough hydration, and by hydration, that is water and electrolytes.

Nicki: Mm-hmm (affirmative). Okay. Our next question is from Eric on colonoscopy prep and he says, "Robb and Nicki, thanks for all your hard work that you guys put into this community. I've been following Robb's work for many years now. I did stop eating a whole food diet slowly over the last six years, but I'm getting back into it and love how I'm feeling and doing. On to my questions, I am scheduled to have a colonoscopy next month. Do you have any recommendations for the prepping for the procedure? I was thinking about using LMNT instead of the sports drink recommendation, but I'm wondering if this would be okay. Also, any recommendations on things I can do after the procedure to improve my gut. I'm 40, 5'10" and 225 pounds."

Robb: Yeah. I mean, it's standard practice to recommend things like Gatorade pre-colonoscopy, so something like LMNT would be totally fine. On the things to do afterwards to improve the gut, this is the million dollar question around all this. People will freak out because they will say, "Well, there are studies that suggest that your gut microbiome changes after a colonoscopy when you drink all the fluids that flushes everything out." But the reality is our gut microbiome changes all the time. This is a bit of an opinion. It is an opinion piece, but I think it's pretty defensible. So long as we're not seeing negative clinical outcomes, gas, bloating, diarrhea, constipation, brain fog, all this type of stuff, then the change may not really be pathological. Just because it changes doesn't necessarily mean that that's bad, because it seems like a changing gut microbiome is a normal thing.

Robb: Beyond that, it's the standard rubric that everybody needs to do. Are there foods that you don't do well with? Grains, dairy, night shades, fermentable carbohydrates. Some people don't do that well with green vegetables. I'm one of these people. Or if I cook them really, really well, then I can do a little bit of it. A raw salad is terrible for me. Eric didn't really mention anything around that type of stuff, but this is where you just... I'm guessing that because he's getting a colonoscopy and he's asking about this, there might be some gut stuff going on, so it would be helpful to know what that is. But I mean, from there, it's just the standard gut rebuilding that isn't the same for all people. Kresser was a big fan of the product Seed. It's a really good probiotic product. There's another one, MegaSporeBiotic. I don't have any relationship with any of these, but they seem to be the two heavy hitters in the scene that have randomized controlled trials behind them

and lots of literature about the specific strains in there and whatnot. But again, it doesn't benefit everybody is the takeaway.

Nicki: Gotcha. Okay. Our third question is from Michael on the quality of intestinal gases on probiotics.

Robb: This is a good one.

Nicki: "Hey Robb, I've been a huge fan of yours, as well as your podcast for some four months now. I listened to almost all archive talks of yours and read Wired to Eat. The only reason why I haven't yet subscribed to The Healthy Rebellion is I'm a loner and don't really dig communities."

Robb: Fair enough.

Nicki: "The reason I'm writing to you is the recent finding of mine. I had a bad gut microbiota for years. I didn't need any hard research on it, neither did I test it. I just knew it was bad by how I felt all the time, not to mention how I felt after eating most things, bloated, gassy, and with impossible acidic reflux, and often loose stools. I knew I needed to improve my gut health and invested in probiotics, namely now as 25B portion. On top of that, I also bought myself pickled veggies, a mix of salads, pickled kimchi, pickled carrots, and whatnot. To my surprise. I'm way less bloated, less gassy and with firmer stools. The biggest surprise, however, is the quality of those gasses. I am not a fart expert by any means, but the change is visible. Until I picked up massive amounts of probiotics, my gasses were frequent, smelly AF and kind of soft, like a puff sound, poof. Now, they are less frequent and less smelly, but more pronounced. They are shorter in duration, a bit louder and sort of trumpet-like. My guess is the last thing-

Robb: He said, "And it feels great."

Nicki: My guess is the last thing you want in your emails reading about some guy in Poland's gasses, but I thought you might have some insights into this. Is it normal? How come my gas has changed just by adding microbiota and live bacteria to my gut? I'd love to learn more, especially since I heard that the gut is being thought of as our second brain, sometimes the first, due to its influence and regulation over well, basically everything. Looking forward to hearing from you. Cheers from Poland, Michael."

Robb: Michael, one, I am stoked that we're getting a message from Poland about passing gas. That is just amazing. I mean, the long and short of it is the gut, we had just two questions back. We mentioned that the gut microbiota changes constantly. And so, the gut microbiota changes constantly and what is pathological or healthy is a little bit dependent on the person. It's your genetics, your specific setup, and what you feed that bacteria in your gut lining is really unique as to whether or not it's going to be a win or a problem. And so, it sounds like you got in and did some experimentation, and it sounds like you hit a pretty good result here. Me following this, I would probably have cramps and would head the other way with the bad GI cramping and stuff like that.

Robb: This is just an aside, but it's funny. Every once in a while, I get stuck using a gas station bathroom or maybe a not great restaurant bathroom or something like that, and it is shocking to me how horrific it smells in there. It's not that the place is dirty. It's just whoever was in there before is dying on the inside. I mean, our house, we poo, we pee, we do all that stuff. I mean, poop's poop. You don't want to finger paint with it or anything. But by and large, within moments of anybody in our family leaving the bathroom, and everybody eats a lot of meat, this is one of these things, "Oh, meat

messes it all up and whatever," within moments of leaving the bathroom, you wouldn't know that somebody had been in there within hours. Whereas I've gone into bathrooms, where immediately upon opening the door-

Nicki: Well, most people have the Febreze or whatever that spray that they-

Robb: It's not even that. I know you-

Nicki: No, no, I'm just saying most people have to have something like that to-

Robb: Oh, okay. I got you.

Nicki: ... mask the stench, right?

Robb: And it doesn't mask it. It just makes it even more horrible. I've had it where I opened the bathroom door and I'm like, "Do I shit my pants or do I keep doing this?" I'm like, "Okay. I really don't want to my pants." And so then it's like you go back out in the hallway-

Nicki: Take a big, deep breath.

Robb: ... do your Wim Hof breathing, take a big breath and you run in and you're like, "I hope I can get this done before I have to breathe again." It's eye opening and it tells you just how broken a lot of people's innards are and why we have so many GI problems. Maybe to Michael's point there at the end, our gut health really does influence so many different things. For me, the somewhat frustrating thing right now is we don't really know that much of what to do, or at least there's not a beautiful formulaic process. We can go by symptoms.

Robb: One of our first questions was relating to somebody that had some methane-dominant SIBO. There are some recommended ways to start dealing with that, but doesn't always work, doesn't always work the same way in all people. And so, it is arguably one of the most important areas of health, but also one of the areas with the least kind of empirical insight, I would say. It's kind of like if you're light complected and you need to go get some sunlight, spend less time in the sun than if you're darker complected, because you're going to burn and we don't want to... You know what I mean? There's some pretty easy stuff with that. But with the gut, we know what's really important, but we have a few different categories, like specific carbohydrate diet, FODMAPs, fermentable carbs, histamine, which is this whole huge deal that just seems it ends up encompassing so many things that you're like, "Okay. This person just shouldn't eat." So it's...

Nicki: I'm just curious, because he went from having a lot of gas and really smelly gas to less frequent, less smelly, but louder sounding gas. I would be curious to know what is normal in the realm of gas production? Have they studied this in hunter-gatherers at all?

Robb: So the Huds, they have pretty distended bellies from the amount of fiber that they eat, and apparently, they fart prodigiously. It's just constant. And so I think that that's pretty normal in those circumstances, but I think that a GI activity like that would be totally wacky for someone who's Inuit or some of the Siberian, like reindeer farming people, herding people, where they eat mainly a meat-based diet. For me, when I have gas, it means that I ate something I shouldn't have eaten because my gas, it's like crippling, like stomach pain and all that type of stuff. I do best with no gas. And so, for me, that is arguably my normal or maybe my optimal, and that's where I mentioned that is what-

Nicki: Well, this is where I'm actually really curious because I don't feel like... Yes, everybody farts. Everybody has gas. If I had to guess if do I fart once a day, I don't know that I do. So I think we should do a poll inside The Healthy Rebellion and just-

Robb: How many times a day you fart?

Nicki: ... how many times a day do you... I'm just curious based on... And then maybe comment what you eat or something. I don't know. I'm just super curious.

Robb: I will guarantee it that the more plant material that folks eat, the more likely you already have some gas, because folks seem to not really get that same gas response from a more animal-based diet. Again, I think that you could be healthy at either one of those. This is where people can lose their minds, but either one of those could be the optimum healthy state for you.

Nicki: Cool. Okay. It's time for The Healthy Rebellion Radio trivia. Our Healthy Rebellion Radio sponsor Drink LMNT is giving a box of LMNT recharge electrolytes to three lucky winners selected at random who answered the following question correctly. Robb, what book are you reading right now?

Robb: The one that you didn't like. It's called Good Omens.

Nicki: Not that I didn't like it. I started it-

Robb: It is very British.

Nicki: ... and I don't get... I'm not a British humor-

Robb: It is very British, very British humor.

Nicki: One of our rebels recommended it. Was it Tim?

Robb: I think it was Tim.

Nicki: Maybe it was Tim and it sounded good. I started it and I just can't get its wit, but Robb is really into it.

Robb: So, it's this take on Armageddon, the end of the world, which don't we need more of that right now, but it's like the anti-Christ comes back and everything. It sounds of like Damien, The Exorcist, but it's with a British humor spin and it is engrossing, hilarious. The little non sequiturs in it are just incredible. Turning into one of my more favorite books. It was phenomenal. Yeah.

Nicki: That's awesome. That's awesome.

Robb: So, Good Omens.

Nicki: Good Omens, that's the answer to this week's trivia. To play, go to robbwolf.com/trivia and enter your answer. We'll randomly select three people with the correct answer to win a box of electrolytes from Drink LMNT. The cutoff to answer this week's trivia and be eligible to win is Thursday, February 11th at midnight. Winners will be notified via email and also on Instagram. This is open to residents of the U.S. only.

Nicki: Our fourth question this week is from Alex. He wants to know about the practicality of bulking on keto. "Dear Robb and Nicki, I am male, 29 years old, 5'4", probably around 11% body fat at the time of writing this. I'm relatively strong. I can squat and pull a little more than double body weight, strict muscle ups, et cetera, et cetera. My question is about the efficacy of bulking with a ketogenic diet. I'm not currently following a keto diet and I've never done any kind of glucose monitoring, but I'm assuming that I tolerate carbs pretty well because I would not feel noticeably worse if I were to consume a ton of carbs. Now, I would really like to get as jacked as possible and I hate the traditional bulking and cutting cycle. Robb frequently mentions the Ketogains folks and I know Luis Villasenor talks about this idea of gaintaining or continually building lean mass, which sounds way more preferable to me, even if the progress is dramatically slower than a conventional carb heavy bulk.

Nicki: I would love to just stay lean year round and not have to do maintenance and cutting cycles. I understand it is also perhaps a little more challenging to bulk on keto because the food is much more satiating. I've been using the RP Diet app for the past couple of years and I like it a lot actually, and I'm pretty happy with my body composition. But if this gaintaining thing is a real option, I would be seriously interested in trying it. I follow Power Athlete's Jacked Street program, and I know John has this quote 'You don't need more carbs than you need' philosophy, but he has also said carbs are pretty much essential for bulking, and that dude knows a thing or two about bulking."

Nicki: Yes, he does. "With the conventional bulk cut approach, I often feel like I'm taking one step forward and then nine-tenths of a step back. It just occurred to me that I think I forgot to include my body weight in my initial question. It's currently about 141 pounds. I don't know how relevant that is, but my goal is to get down to about 10% body fat so that I can attack this bulk with everything I got." And then he said a PS that he loved the Salty Talk on the Great Barrington Declaration. "I do find what you guys do to be valuable, and listening to you on a weekly basis is extremely cathartic. You two are the voices of reason in this absolutely insane time we live in. You've mentioned the mental health consequences of this COVID lockdown many times, and I don't know that I could manage without this podcast. Thank you and keep up the amazing work. Alex."

Robb: It's huge.

Nicki: Thanks, Alex.

Robb: Man, there's a lot to unpack in this and I'm not a huge expert on this stuff. My power lifting days and being above about 165, 170 is long in the rear view mirror because I just find the need to eat that much food pretty onerous and it's kind of painful. But when you look at... There've been studies done on this, where people will do eat everything that's not nailed down, gain a bunch of body weight. The cool thing about it is you definitely get stronger, particularly with the main lifts. Your pull ups and dips don't get as good because you're getting heavier. And so, that doesn't improve as well. But then the weight loss piece, you have to be really careful with it or you have a tendency to just strip all the muscle off that you just gained. And so, you spend a ton of money to just end up more or less where you were, maybe a little bit chubbier. Some people do manage this.

Robb: I have noticed that a more modest approach... And what Fred Hatfield did ages ago was recommend this thing called the zigzag diet, where you would increase calories over a couple of days and mainly on your training days, and then you would go down to maintenance or even a couple of hypocaloric days in between. So, it wasn't just this static process all the time. Something that I noticed was that when I would try to gain

weight, when I would gain weight, it seemed to get harder and harder the longer that you went. So people talk about losing the last 10 or 15 pounds is really hard. Well, gaining, if you've already gained 10 pounds, gaining another five pounds starts becoming harder and harder, unless you're really genetically talented or big framed or whatever.

Robb: And so, I think in this whole story, this gaintaining approach, and if I'm not mistaken, the way that Luis and the Ketogains guys generally recommend it is on your hard training days, you're hypercaloric. You're definitely eating more food, and I don't know... I guess his original question was, can you do a weight gain on keto? Yes, but it is difficult in my opinion, because it is satiating and also you just run out of calories. You can eat at some point. You can only eat so much protein. You can only eat so much fat before you overwhelm your ability to deal with both of those. And so, putting in carbs improves your ability to consume more calories and you can just have more appetite to want to eat more. But I think doing a little bit of a zigzag approach, where you on hard training days, there's a significant caloric excess. And then on more-

Nicki: Rest days.

Robb: ... sedentary days, rest days, more isocaloric, just maintenance. And maybe once every 10 days, 11 days, you have a hypocaloric day, which seems odd. But if the body starts getting entrained that you're constantly overeating, it will just get efficient, like burning off extra energy. People get really warm. The uncoupling proteins and our brown adipose tissue just burn calories. And so, I think that this is a way of tuning that down a little bit. Luis has made remarkable progress over the years. I was digging for an article. I couldn't find it, but it was on Eric Cressey. He's a pretty famous strength and conditioning coach. I want to say he went from 165 pounds up to around 200, 205 pounds over. The article that he wrote, it was really good, but he said it took him six years to do this, six, seven years. It may have even been longer. It may have been like 10 years, but he ate and trained as an athlete.

Robb: He wanted to get bigger. He wanted to get stronger, but it was this stepwise process. Always moving a little bit forward, a little bit heavier on the back squat, a little bit heavier on the bench, a little bit more calories on the training days, not eating like a starved tog on the non-training days, and it works. Again, it's a little bit of a... I don't even know that it's a slower process because you actually take the gains with you as you go, because you're not in as difficult to position. If you get your body fat percentage up to 20%, you look shockingly different than if you're more in that 10% realm. Even if you are carrying more muscle, you can't even tell. So, I liked that gaintaining idea. The Ketogains guys pretty much tell you how to do it more or less for free, so I would recommend giving that a good shot. Again, it's hypercaloric on your training days, and then isocaloric most rest days, and every once in a while, dropping in a mild, maybe a 10% hypocaloric day just to keep the body on its toes-

Nicki: Cool.

Robb: ... metaphorically.

Nicki: Okay. Question five this week is from Craig on antihistamines. "Hey, Robb and Nicki, a couple questions on antihistamines, Benadryl or Zyrtec for allergies. Do they have broader effects on reducing inflammation? And is there a danger around taking antihistamines regularly?"

Robb: Yeah, this is interesting. It is important to distinguish the gen one antihistamines, like Benadryl versus some of the... like Claritin, and I think even Zyrtec is one of the much more recent antihistamines that have much more... The newer antihistamines tend to not cause so much sleepiness and brain fog and all that type of stuff, but I've got a couple of links here. The first one is talking about the potential, and it seems credible that antihistamines blunt growth hormone release. And so, that could be problematic for a host of reasons. It is particularly problematic in growing and developing kids. It will blunt their growth hormone release enough, and kids that are corticosteroids really face this problem because they don't get the normal growth signaling. What's interesting is these kids tend to have delayed growth, but they can reach normal height once they go off of the... What are we talking about here?

Nicki: Antihistamines.

Robb: Antihistamines and the corticosteroids, but it doesn't always work. But if they reach a point where they grow out of the problem and they go off of it, then they tend to catch up. But it is blunting things during that time. When you think about just normal aging, we do want growth hormone signaling. Like this one, the problems with folks with traumatic brain injury is that they tend to have very altered HPA axis, and one of the hormones that's dramatically altered is growth hormone. So, that's a thing. And then the other one is article talking about antihistamines and long-term adverse effects. There is a linkage with increased rates of neurodegeneration and dementia in folks who are on long-term antihistamine consumption.

Robb: So, this begs the question though, is this a... Let's say that people who are taking antihistamines long-term, do they experience increased rates of dementia? Let's say that's true. Okay. Is that because they took the antihistamines or is it because the thing that they need to take the antihistamines for is causing other problems? So, the correlation-causation thing becomes a little bit important there, and we know for sure that generally modifying diet can really help on this front. But we've noticed with our oldest daughter that the cedar fever around here is no joke. Zoe reacts to the trees when they bloom and they can bloom all year round because it never really gets cold enough to shut everything down for a particularly long time. What we've noticed with her is that when the cedars are really active and she's reacting to that, then all of her dietary reactivity really ramps up. She'll become reactive to eggs and peanut butter and cheese and particular-

Nicki: Citrus.

Robb: ... citrus. And then if we go somewhere else or we're in a period of time where it's frost on the ground and things are legitimately knocked back, then she doesn't seem to react the same way. So I would say in general that have we not moved here, this an interesting experience, have we not moved here, I would have said, "Well, you can usually manage this thing with dietary modification," which we do deal with Zoe, to some degree, with diet modification, but there's also the reality that her environmental stress load-

Nicki: The load is really high for her. Yeah.

Robb: ... from this is so huge that it becomes a problem. Yeah.

Nicki: Okay. Wow. We flew through this episode.

Robb: I tried not to be too chatty on this one.

Nicki: Speedy. Speedy. Speedy. All right. Everyone, thank you so much for tuning in. Yet again, please support our show sponsor LMNT for all your electrolytes needs and your cozy hot beverage needs too. You can go to drinklmnt.com/robb. Again, that's drinklmnt.com/robb. Any final closing remarks, hubs?

Robb: It was great spending this time with you, wife.

Nicki: Oh, thanks.

Robb: Yeah.

Nicki: Thanks. All right, folks.

Robb: See you all soon.

Nicki: We'll see you all next week.

Robb: Bye.

Nicki: Bye.