

**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.

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**Robb:** Welcome back, everybody.

**Nicki:** Good morning, good afternoon, good evening, whatever time of day you might be tuning in. It's morning here. This is episode 120 of the Healthy Rebellion Radio. Thank you for listening.

**Robb:** Oh dude, we're off to such a amazing start.

**Nicki:** Yes, we had a little bit of another night of disrupted sleep with our cat, which Rob always makes these comments about, "What's the upside of dog ownership again?" Because to him, dogs cause all the issues in the household, but really it's this damn cat. We try to keep him in at night because we have things like mountain lions and other-

**Robb:** Foxes and wolves and bears.

**Nicki:** ... predators around. I mean, he's made it this far, so I think he's pretty street smart or forest smart, or whatever you want to call it. But we've been keeping him... He starts the night in and then-

**Robb:** Urbano centrist.

**Nicki:** And then 3:30 in the morning, and it's just this ongoing crying.

**Robb:** It is the mournful cry of the gato.

**Nicki:** It is the mournful cry of the gato and it's really, really aggravating. So then, I let him outside right at the peak hour of predatory-ness.

**Robb:** Good fucking luck, gato.

**Nicki:** I'm like, "You better not get eaten." I close the door on him. Yeah, that's why we're off to a great start, because it's been a little bit of a rough morning. First world problems.

**Robb:** Very first world.

**Nicki:** We have it good, despite that little beast. What's the upside of cat ownership again?

**Robb:** Toxoplasmosis.

**Nicki:** Exactly.

**Robb:** Losing your mind.

**Nicki:** Exactly. Anything else going on? We have our jujutsu coach, John Frankl, coming into town. Well, by the time you... We're recording this early this week, just because we have a lot going on this week, so it's actually Monday, August 8th, which is when we're recording this and John arrives today. So, we're excited to see him. He will only be here for a short while, but a few days, but definitely be good to see him coming in all the way from Seoul, Korea. What else is going on this week?

**Robb:** I've got nothing. I'm just...

**Nicki:** You've got nothing.

**Robb:** Yeah, nothing... We'll dig into a little bit as we go along, but nothing super pertinent or valuable, but that probably speaks to this whole podcast itself. Nothing pertinent nor valuable.

**Nicki:** Well, then I will shift over to the the Healthy Rebellion community announcements, because those are pertinent and valuable.

**Robb:** Yes.

**Nicki:** We have our seven-day mindset challenge coming up with coach Cinnamon Prime, that starts on August 22nd. She's amazing. If you haven't done any work with her or experienced any of her coaching and you're a member of the healthy rebellion, you'll want to take part in that. If you're not yet a member, you certainly can join and participate. Again, that starts on August 22nd. Our next Rebel Reset will kick off on Friday, September 9th. That will be our kickoff call. Then we do a week of seven-day carb testing, followed by 30 days of reset and sort of choose your own adventure like we always do. Some people choose just a standard paleo diet, some folks go more carnivore, some folks really restrict carbs and go more keto. Some people tackle certain foods that they find or they expect might be a trigger or causing inflammation, so it's really tailored to what's going on in your body.

**Robb:** Choose your own adventure, but with support.

**Nicki:** Exactly. Again, more details on all of that stuff as it gets closer. What do you have for us for a news topic today?

**Robb:** It's a Twitter link and I'll scoot over here and it will reload for some odd reason. It's a gal on a kite and she has a piece. Breaking: US life insurance companies have said that deaths have an unexplainable increase by 40% in 18 to 49 year olds. And then, there's a video linking to that. Some other pieces she had, they saw a 300% increase in cancer patients over the past year, from around 36,000 new cancer patients to over 120,000 in the United States. The data from insurance companies has been confirmed by three military doctors who are now being hailed as whistle blowers. The cdc.gov needs to look into why there is such an increase in deaths over the last year, since 2021. What has changed? The American people demand to know the truth. I don't know that the American people demand to know the truth. Probably some of them do. Some of them really, really, really don't want to know the truth because it doesn't fit with the particular hole that they put their ostrich-like head into and ignored any and all forewarns of possible problems and catastrophe.

**Nicki:** I think that's a little, little unfair. There's always been this faith in these institutions, and I think in the beginning, a lot of people put their faith in them because they expect them

to do right by the populace that they serve. I think a lot of people, we know people who are now pretty bitter about this whole process, so I don't know-

**Robb:** And there are people who absolutely refuse to look at any counter narrative-

**Nicki:** This is true.

**Robb:** -to the main gig.

**Nicki:** This is true. I just wouldn't lump... I guess there's more groups. There's more.

**Robb:** Absolutely. When I saw this, I'm actually working on a Substack piece that I've been unable to finish it because I get so incredibly angry, I just don't even know what to do with myself. And it includes a reality that, ever more obviously, this SARS-CoV-2 virus appears to have been of lab origin, and I mean, even the story behind suppression of that information is stunning. And not just suppression of the information, a wanton unwillingness to even investigate that as a viable option. In addition to that, it looks like above and beyond the gain-of-function research that was applied to SARS 1 and MERS, which both of those have much higher... The honest to God case fatality rate of SARS-CoV-2 appears to be a little bit north of 1%.

**Robb:** It might be close to 2%, which is significantly worse than the standard flu season, and it explains part of the reason why this has been a fair bit of a shit storm. MERS as an example is, and we've talked about this on the previous podcast, it is very nasty. It's an honest to God 30% case fatality rate. If you get it, you got to... If 100 people get it, 30 people are going to die. The other 70 people are going to be super sick. I mean, really, really sick. Hospitalized, all kinds of things intervention.

**Nicki:** Grind society to a halt situation.

**Robb:** Grind society... That is-

**Nicki:** More of a halt than we were ground to over the past couple of years.

**Robb:** If you think about 30% of all doctors, police, firefighters, parents dying, because part of this gain-of-function research was to take something that is very difficult to catch, which is MERS in the wild, you need to be doing funky things with camels or in proximity to camels to get it, it has the potential to be airborne and as easily transmitted as now, the current variant of SARS-CoV-2 is more transmissible than measles. Which measles had been the high water mark for transmissibility in a disease. It was like, "Oh, my God, it's 30% of measles." Now, this thing is as transmissible as measles. Fortunately, SARS-CoV-2 mortality has decreased and people will argue, "Oh, it's because of vaccinations, it's because of this." Well, when you really look into the data on that, that gets dubious to-

**Nicki:** Well, deaths have an unexplainable increase.

**Robb:** Well, and then we circle back to the main point, which is that in this young group, ostensibly young, relatively healthy group 18 to 49, deaths have exploded relative to previous years. And this is where you just can't keep lying. You just can't keep sweeping shit under the rug because the lump starts becoming the size of Mount Everest. This is where just being honest with people would go a long ways towards fixing things. But I think that ship has sailed so far, but these actuarial tables around death, morbidity and mortality, are super well established, and some of the deltas that changes one year over the next is... The changes are so huge that one is starting to get into likelihood of

winning lottery type stuff, like four Sigma changes off of baseline. The likelihood of it being random is effectively zero. It's as unlikely as the formation of the universe just happening again or something like that. It's crazy, and I don't know what the fuck my point is, other than-

**Nicki:** I was overhearing you listening to something where they were also mentioning that there was some gain-of-function research happening on the Nipah virus, too, with a 60%-

**Robb:** Yes. Then there's that. I had forgotten about that. Again, this is Peter Daszak, Kristian Andersen, EcoHealth Alliance, Tony Fauci, Francis Collins all have fingers in the pie of gain-of-function research, and I heard one of the best justifications for this that I've ever heard. It didn't necessitate any type of cabalistic subterfuge or anything: it's cheap, it's easy, it's publishable, and it gains people status. And that's it.

**Nicki:** So, this is why they choose to research-

**Robb:** gain-of-function.

**Nicki:** ... gain-of-function, because it's easy to get grants? And you then you can-

**Robb:** You can get grants all day long. It easy to publish-

**Nicki:** You can do it quickly, and then you get a publication and then you climb the academic ladder of whatever.

**Robb:** It's been thrown out there that this is valuable because then we'll learn something about it, and then maybe we would have a response. That is patently bullshit. The folks really involved with oversight on this have been pretty emphatic that this provides no deeper insight, mainly because the rapidity of the evolutionary process is so... It's so fast. It is so rapid that it doesn't give you any type of looking-around-the-corner insight with vaccine development or anything like that. It is absolute bullshit. It's cheap, it's easy, it's publishable, and it gains people status in this arena where they're trying to keep their labs open and just be funded to be able to do something.

**Robb:** So, in addition to the SARS 1 gain-of-function research, the MERS gain-of-function research, there's another virus, Nipah, that is super difficult to transmit. It's not airborne transmissible, but if you do get it, it's a 60% fatality rate. It was in this package of viruses that was being studied, and this is one of the videos that I'll share when I finally do get this Substack piece done, but it was part of this gain-of-function research trying to make it airborne amenable. A 30% case fatality rate is almost certainly a civilization ender. 60% is an absolute civilization ender. It probably sets us back 1,000 years. The case that's been made is, even the Black Death, it had a 30% case fatality rate, it put the "Western world," Europe, back 500 years. And people will dismiss this, but you-

**Nicki:** How you get knowledge are you losing? How much skill? I think it's pretty easy to-

**Robb:** Nobody remembers how to fix that diesel engine or not enough people to go around. And the power stations fail, then the internet fails.

**Nicki:** And the people that can fix them are no longer here.

**Robb:** Yeah.

**Nicki:** I can't fix a power station.

**Robb:** No, very few people can. The thing is that there are choke points of specialized competence that are irreplaceable, and you get a 60% drop in that... You get a 60% drop... We had a barely 1% case fatality rate with the SARS-CoV-2, and we were teetering on the brink of food system failures, and now downstream because of all the shit that's happened, we're going to see what the long-term effects are this winter on global food sources-

**Nicki:** But that was mainly because of policy decisions and not because of the 1% fatality rate.

**Robb:** Yeah, absolutely. That's a good point. I would go out on a limb and say that the policy decisions on that 60% fatality rate will be even more stupid, probably, and six out of 10 people will be dead.

**Nicki:** There won't need to be any policy decisions because six out of 10 people will be dead. It'll just-

**Robb:** They'll still make policy decisions that will worsen the whole thing.

**Nicki:** Yeah.

**Robb:** Anyway, I'm sorry. I turned the whole goddamn episode into this thing. This is stuff, though, that I just... Folks need to wake up and there needs to be some accounting for this. Accounting, as in heads on pikes, never to do this again. I'm of the opinion that white-collar crime should be a capital offense, and then maybe shit heads in finance don't do the stupid things that they do when you have a chain of custody of the damage that is done to society, and then maybe people don't do those things anymore. Similar to that, there's a chain of custody around the funding, implementation, and then protection of this gain-of-function story that is now resulting... The implication here clearly is that there's probably some non-trivial problems with mass vaccinating the populace with a novel...

**Robb:** We can't even really honestly call it a vaccine. It's a transfection, if we're actually being scientifically credible about it. There's probably some problems with that, and one of the main problems is that we shifted risk liability away from the old and sick, which no, I don't want the old and sick to die, but the old and sick are more likely to die because they are old and sick.

**Nicki:** Old and sick.

**Robb:** And some parts of that you can fix, some parts of it you can't. But what we did is we agreed at a societal level, and it was ram-rodded down our throats from an institutional level, to shift that liability to the younger and healthier. And now, we're seeing the results of that, which are stunning amounts of death and disease. Early in this, there was some suggestion that there could be some immune-compromised characteristics to these transfusions, that there might be an uptick in, say, if somebody has had cancer before and resurgences or new types of cancer.

**Nicki:** Autoimmunity.

**Robb:** Autoimmunity.

**Nicki:** She doesn't cite any statistics on that, but I've seen a lot of autoimmunity increase.

**Robb:** And we're seeing that, and we see these things when... I was just reading a piece on Panama, which didn't use the transfection early on. It was using more hydroxychloroquine and ivermectin, and they were doing quite well. Then, they got strong-armed into getting rid of the early pharmaceutical interventions and went more for the vaccine/transfection. And then, things went to absolute shit, and then they pumped the brakes on that, have gone the other direction and things have improved. There are lots of country-based examples of things like that. We just need to start waking up to that, and I apologize for this being literally the whole podcast, I guess, could be-

**Nicki:** Robb was in a ranty mode.

**Robb:** But it's super important, and this is where you just can't keep hiding this stuff forever. No matter-

**Nicki:** No. I mean, life insurance companies, at what point does this significantly impact their...?

**Robb:** Bottom line.

**Nicki:** Their bottom line. Yeah.

**Robb:** Yeah. The irony is that it may in fact be the life insurance companies that end up really pushing for some accountability on this, because it's liable to clean them out. So, the financial imperative for them to get this right is going to be remarkably powerful. I'll go out on a limb, I don't know this to be 100% true, but as big and powerful as the pharmaceutical companies are, I think that the insurance companies are bigger and more powerful, when you get right down to it. I think there's even more money and more inertia there, so that'll be an interesting thing to look at. But it's also something that if you're just trying to make sense of this, or you have somebody who's pretty recalcitrant on these topics, they need to explain this excess death stuff and they need to explain it in a remarkably succinct and transparent way, because stuff like this doesn't just happen. 300% increase in cancer patients year over year. If you have a Chernobyl event, that might be something, but there's a big deal that spurs all that stuff.

**Nicki:** Right.

**Robb:** Okay, I'll shut up.

**Nicki:** All right. You're done.

**Robb:** I'm done with that. Yeah.

**Nicki:** All right. The, Healthy Rebellion Radio is sponsored by our salty AF electrolyte company LMNT. We've mentioned this before, but it's so good, it bears mentioning again. Summer's most perfect iced tea with LMNT. Robb, you sometimes call this the salty Palmer. I think it's a daily drink around our house. Even the girls enjoy it. An Arnold Palmer is iced tea with lemonade, but we do a glass of iced tea, mix in one packet of raspberry LMNT, and you can do it with other flavors. If you are a sweet tea kind of person, you can even add additional Stevia. I think it's fabulous just as is. Add ice and it's just awesome.

**Robb:** It is indeed.

**Nicki:** It is indeed. Yep. It's hot out there, folks. Stay hydrated. Grab your electrolytes at [drinkLMNT.com/robb](http://drinkLMNT.com/robb) that's drink L-M-N-T.com/R-O-B-B. We've got two questions for you all today. The first one is from Ryan and he says that ground meat is causing him relationship-ending gas.

**Robb:** I was going to tell you that a similar thing was going on with you, but...

**Nicki:** Really?

**Robb:** Yeah.

**Nicki:** With ground beef?

**Robb:** No.

**Nicki:** Okay.

**Robb:** I'm making it all up. There's no statistical significance around that.

**Nicki:** Good. "Hi, guys. This is my first podcast question I've ever submitted. It's going to be a doozy. Over the years, I've listened to this podcast, back through Andy and Greg, and I first wanted to say this podcast and Robb are hugely responsible for me quitting my 9:00 to 5:00 and pursuing my dream career in health and fitness. So, thank you endlessly. Now, the question regarding my relationship ending gas. It hasn't quite ended the relationship yet, but I'm on thin ice if I don't fix it, or maybe even worse, have to stop eating ground meat. Over the past year, when I eat ground meat, I've tried beef, bison, turkey, et cetera, I become extremely gassy. Next level, biochemical warfare, shut down a small mall type of next level."

**Nicki:** Sounds pretty bad. "It also sometimes happens with just a fatty cut of beef. Now, I assumed it was the super fatty stuff, so I cut back, but they still tend to be on par with each other, which is basically the Tiger Woods of farts and sometimes diarrhea. This may be your worst question. Anyway, when I search the internet for why, the good old Google machine says shit like, 'Stop eating meat, you murderer. You'll get ass cancer.' Or articles on how eating meat is the next AIDS, will destroy the Earth, is transphobic, et cetera. It's crazy and there's no real info I can find. So, that is why I'm punishing you guys with this question. I really tried not to, I promise. What do you think this is? Meat allergy? Bacterial thing? Ass cancer? Help. Help my relationship."

**Robb:** I think all of the above. You're doomed.

**Nicki:** Well, something struck me when I read this, which I didn't catch the first time, but he says over the past year, so this was a new thing.

**Robb:** Again, some sort of a change.

**Nicki:** This is something... Two years ago he didn't have this. This is just over the past year, so what has happened in this past year?

**Robb:** I mean, when you do any type of a medical history with something, well, what was the precipitating event? And it's like, "Well, my foot hurt when the nail went through it." Okay, got it. Check. That's a great question. Again, any type of travel, international travel, even backpacking, picking up some sort of a funky bug Giardia or Listeria, getting a bad case of food poisoning. I remember when we moved to Texas, I'm still not sure

what I got. I don't know if I got it swimming or I got it eating out, but I got something and it lasted for three, four months, and it didn't matter what I ate. Even meat, even just plain old carnivore crushed me and I had gas and bloating, and it sounded like I had a million gerbils in my guts. Fiber made it far worse, but there was definitely some weekend precipitating event that then, from there forward, for the better part of three or four months was horrible.

**Robb:** I got to a pretty squirrely spot because I was in misery and it didn't seem like anything was going to fix it. So, thinking back, I would definitely encourage you, and the great pickup from Nicki, look back in your calendar and see, did you do any traveling prior to this? Or some other weird event-

**Nicki:** Did you get some sort of illness? Yeah.

**Robb:** This is looking at some sort of GI map, looking ova and parasite, the kind of obvious parasites, nasty things like *C. difficile* and *Listeria* and stuff like that. I think that's worth a look, and again, I'm not super sold on the other gut screens where they say, "Oh, you've got this many *Akkermansia* and this..." I just haven't been super impressed with any of that stuff from a diagnostic perspective.

**Robb:** But I do think that looking at a general, what do you have in there? What happened? And then working backwards from that. As simple baselines, I've not seen a ton of success with probiotics in general, but several episodes ago we made the recommendation of *Saccharomyces boulardii*, which I've been recommending to people since my first book that was released in 2010. I would go out on a limb and say, as a general recommendation that benefits the most people, that thing seems to be super consistent. It very, very rarely seems to bother people. It seems to almost uniformly help folks, and it can be helpful with both fungal overgrowth and different bacterial overgrowth. So, those are good places to start, and then it very well... Depending on what is really going on here with Ryan, I suspect that the ground meat thing is mainly a bacterial deal, because when the meat is ground, there is some amount of bacterial growth that occurs and people who are really sensitive to that will have problems.

**Nicki:** I was going to ask that, because clearly he can eat other cuts of meat. It's just the ground meat that seems to be the culprit.

**Robb:** Unless you're doing it yourself and there's a real high... Super fastidious on cleaning and turning the material over and everything, there's just some increased likelihood of getting elevated bacterial count.

**Nicki:** Do you think there's any benefit to him just avoiding ground meat for 30 to 60 days, and then testing it again and seeing if he still has the same-?

**Robb:** That's a great idea. An elimination diet around that is a great idea. Trying to do smaller-batch stuff. If you can find a butcher and you are basically like, "Hey, I'd like to take that chuck roast," and have you grind it and then you take it home and freeze it and partition it and everything so it's super fresh and it doesn't have the time to-

**Nicki:** Ground to order?

**Robb:** Ground to order, basically, could be a way to deal with some of that stuff also.

**Nicki:** Just to experiment and just see if he notices anything different that way.

**Robb:** Yeah.

**Nicki:** All right, Ryan. Well, because you punished us with this question, we're going to insist that you report back after you...

**Robb:** And continue punishing us.

**Nicki:** Yeah. We're curious how this plays out. Our second question this week is from Jared on kidney stones. He says, "Hi, I'm 42, relatively healthy, six foot one, a 165 pounds. I recently had a kidney stone where intense pain started. I went to the ER and passed the stone all on the same day. My mom has had kidney stones before, but not as young as me. I was drinking one LMNT daily, but not really doing any physical activity. I just like my water to taste like something. I did find some studies that too much sodium can be associated with kidney stones in some people, but that sounds like a very confounded observation to me.

**Nicki:** "Do you think there is any association? Drinking too much LMNT in the absence of physical activity has been associated with sporadic stomach aches for me in the past, so I had recently cut back over the past few months preceding this incident. Also, the doctor said that it could be from not drinking water frequently enough, which I am probably guilty of. The LMNT seems to help reduce the volume of water I drink because it quenches my thirst more than plain water, so maybe it is indirectly related. Anyway, would be happy to hear any thoughts you have."

**Robb:** So, one thing is that usually, the vast majority of kidney stones are, calcium, calcium oxalate, but they can come in different mineral forms. And depending on what the mineral form is, like if it was a urate crystal or something like that, it tells us really different things, so it would be helpful to know what type of... Most likely, it's calcium, calcium oxalate, but that would be a little bit helpful just in retro engineering. Like, "Okay, that's a piece of it. How much spinach is the person eating? How much kale are they eating?" Do we have an input of something that is super high in oxalates, which could be a precipitator.

**Robb:** It's interesting, we've had some questions around gout and sodium intake as it relates to LMNT, and what's really interesting in that example, and this is another one of those chagrining parts of medicine, increased sodium intake seems to reduce gout flares, ironically. Now, if you have gout because of insulin resistance and you're hypertensive, then that probably isn't overall doing you favors. You still need to modify diet and exercise, reverse your insulin resistance and metabolic problems, and deal with the gout that way. But when I've done reading on this, and even just thinking through the chemistry of precipitating out calcium oxalate and whatnot, the sodium part is perplexing. I don't really see how that enhances or worsens this scenario. Acidic environment can, but sodium chloride can... It can kind of act as a weak acid, but it's weird for me. I'm probably missing something, but I don't really get how the chemistry works out on that to worsen that scenario.

**Robb:** So, I don't think that one LMNT packet a day... And keep in mind, if you ate a pickle or a hot dog, you're going to get as much sodium as that. So, I don't know. That's a tough one for me. I would really be looking more at... Understand what is the chemical composition of that kidney stone and then kind of back engineer. If it's a calcium oxalate then what types of oxalates are you consuming? Are you doing a bunch of almonds or something like that? That could potentially be a problem. So, those are more the areas that I would look into to think about what's going on here. I really doubt that the one LMNT a day is the primary driver of this problem.

**Nicki:** Okay. Those are our two questions for today, folks. You know you can submit questions at [robbwolf.com](http://robbwolf.com). On the contact page. There's a little spot for a dropdown if you have a question. Please check out our show sponsor at [drinkL-M-N-T.com/R-O-B-B](http://drinkL-M-N-T.com/R-O-B-B). If something in this episode helped you, please share the episode with your family and friends. Robb, any parting thoughts?

**Robb:** Take care of yourselves.

**Nicki:** Yeah, and enjoy this last bit of summer. Get outside, get some vitamin D, have some fun.

**Robb:** There you go.

**Nicki:** All right, folks. We'll see you next week.

**Robb:** Bye, everybody.

**Nicki:** Bye.