

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

Robb: Welcome back everybody.

Nicki: Hello. Hello. This is another episode of the Healthy Rebellion Radio, episode 134. Wrapping up our first full week of December here, Hubs.

Robb: We are?

Nicki: It's been a little bit of a rough morning.

Robb: It's interesting. It's interesting.

Nicki: Yeah. We got some pretty unsettling news about a dear friend of ours and I'll let you go ahead and share what you want to share on that.

Robb: Good friend of ours, I've worked with this person for years. She's a veteran of 40 years in the healthcare space, ping me and said that she has breast cancer diagnosis. It took us about 18 hours to get on the phone and chat and she's working with an oncologist who's a fan of metabolic therapeutics. She's going to be checking out some of Dr. Nasha Winter's material using specifically targeted ketogenic diet and some other things to try to help manage this situation she's in.

Nicki: This person is the picture of health, granted she's in her early 70s, but we've had numerous meals together.

Robb: She's eaten more or less keto, paleo-

Nicki: For a long time, for a very long time.

Robb: ... for a long time, which is a guarantee of nothing other than you had some good meals.

Nicki: Firecracker, constantly has a new project up her sleeve and working on stuff and vibrant.

Robb: She has had three rounds of the COVID vaccine and after round two she had a massive swelling in her left axillary area, her armpit

Nicki: Lymph node area.

Robb: Lymph node area. She went in and got it checked and the docs were like, "Yeah, we're seeing that in people." She didn't think a ton about it, but has continued to motor through with this stuff. Then, was feeling a little off, and this is her story to tell, not

mine, so I'm just going to stay pretty general on it. But was feeling off, went in, got checked and as folks dug deeper into what she had going on, it became clear that she has a really, what the doctor called a remarkably odd flavor of breast cancer. There's no actual activity in the breast tissue.

It is a hundred percent localized in her left lymph node area, in her axillary region, in her armpit. He said that he's seen very few of these in his career, this is the oncologist speaking, but has seen more and more of them over the past couple of years. This was something that he had effectively seen none of prior to this. Now, of course, this is me just being conspiracy Joe and spinning up bullshit. I'm sure some folks will say this, but there has been some remarkable signal out there around mRNA transfection exposure and latent or previously dealt with cancers, reemerging-

Nicki: Recurring cancers, yeah.

Robb: Recurring cancers, new cancers. There was a news report about a rather large health organization that got in trouble because it was recategorizing cancer deaths as other types of death, because these deaths have ostensibly spiked since this experimental therapeutic has rolled out. I was just apoplectic this morning.

Nicki: It came out really, really fast.

Robb: It came on super fast.

Nicki: Like, super fast and not to draw parallels, but Kirstie Alley just died from breast cancer. In the article that I read, her family said it was a sudden diagnosis.

Robb: Which it can be.

Nicki: Who knows? We don't know. Who knows if she was vaccinated or not. This is, again, just putting my conspiracy theory hat on.

Robb: Maybe there's absolutely nothing to this. Maybe there's nothing to see here and god damn it, let's hope so. But also, by the love of fucking God, we need to get in and have clear, transparent research and discussion around this and make sure there is no god damn signal around this or discover-

Nicki: Because it's still being advocated for and required-

Robb: In a host of circumstances.

Nicki: ... all across the world, in a host of circumstances. There's ads in my Twitter feed for-

Robb: There's a EUA for children to have this now. I really haven't stayed on top of a lot of this stuff because it just feels like this perverse groundhog stay type thing. But I think if you all have been listening for a while you might remember what? It was two years ago, that good friend of mine from high school, super good health, went down in just this catastrophic fashion from a combination of a stroke and apparently some sort of lymphoma that just came on in the blink of an eye. She was a nurse-

Nicki: Mom.

Robb: ... and mom, a single mom on top of it, with a special needs kid. Again, I don't know, maybe there's not a signal here, but we have not been afforded the opportunity to ask

these questions and to make sure when it was emphatically stated that these things are safe and effective. The efficacy is bullshit, which we've seen it mitigates some elements of the severity of disease for some people, but clearly it is a leaky vaccine.

Nicki: It does not stop transmission.

Robb: It does not stop transmission. So much of the vitriol that was rained down upon us about you're going to kill grandma not doing this is absolute bullocks. To that point, again, that this is safe, safe under what timeframe? These things haven't been studied long term. If we're seeing anything that approximates an increased cancer signal within 18 to 24 months, holy shit. Because usually cancer is a long term. It propagates over the long haul. Anyway, lots of speculation. Maybe I'm just emotional, maybe I don't know what I'm talking about. But this person is a pretty savvy healthcare provider herself.

Her own words were, I think that the vaccine did this to me. Who knows? But again, this is just something that in this time where people are writing articles about maybe we need some amnesty around the COVID topic and everything like that. It's funny, people are, some of the crowd that I run with, really is pretty conspiracy theory. They're like, "Well, they just released that to sow even more dissent amongst us." I'm like, "Oh, my God, this is 3D chess. I can't even get this crazy." I think what's happening is all of this narrative is starting to come unraveled and it's really hard, effectively impossible to hide all the bodies.

Excess deaths are up dramatically. This is crystal clear. This is in the actuarial tables of life insurance companies and whatnot. There's fucking something going on here and there's a bunch of people out there that made it all but impossible to simply pump the brakes and ask questions and for an individual to say, "I'm not entirely sure if I'm comfortable doing this." Again, with the admonishment that you're going to somehow kill people in this whole process. Yeah, I'm fit to be tied. I'll get over it. We're going to work like crazy to keep this amazing woman with us for the long, long haul. I will update folks on how all that's going.

Nicki: Okay. We also had an email from a listener who had some input on one of our questions from last week. Hi, guys. John here, who had that red meat induced face rash a few months back. Thanks again for giving me new direction. More on that to come. The gentleman that has the bad tennis elbow in episode 132 might want to cut corn from his diet. I had terrible tennis elbow for two years. I tried PT, massage, form, stretching, et cetera. I discovered many workarounds, lifting straps, elbow sleeves, wrist wraps, specialty handlebar, essential oils, et cetera. I was about to begin PRP treatments when I caught wind of a chiropractor in Nevada City, California who put me on a no corn diet and my tennis elbow completely vanished in three weeks and it's still gone five years later.

At the time I was eating healthy and paleo, but unknowingly getting hidden corn in my diet from just about everything, because corn is everywhere. I no longer live on a strict corn free diet, but I'm very conscious of my corn consumption. If I were to have three to four servings of corn products in a week, my tennis elbow will start to come back. I do subscribe to no corn products like toothpaste, soaps, et cetera. But basically I just avoid the major offenders like tortilla chips and obvious corn sources now. I hope this helps.

Robb: Great feedback, and I have heard similar things. We tend to focus on gluten as one of these potentially pro-inflammatory foods, but I do know a fair number of people that have reported similar, not great health effects with corn, which is a bummer because corn chips are delicious.

Nicki: They are tasty. But yeah, so hopefully that can help the fellow from last week with the tennis elbow. I would love if you make that adjustment in your diet, report back and let us know, let John know if he was spot on with your issue.

Robb: Yup.

Nicki: Okay, news topic, Hubs. What do we got?

Robb: This is a piece actually that another listener wrote in to me. Thank you all six of you for doing that. It's related to the essential tremor, which I am ongoing exploration of, but the name of the paper is Specific Gut Microbiota Alterations in Essential Tremor, and it's different from Parkinson's disease. The study looked at folks with essential tremor and Parkinson's disease, which these two conditions are related but also different. They looked at both genomic activity and taxonomic level differences in the gut microbiota within these folks. There were some notable differences. I'll be honest, this degree of granularity within the microbiota story is totally above my pay grade.

What's somewhat frustrating about this is it's not remotely yet prescriptive. It's like, here are these differences. Is there anything that we could do to alter these differences? It's important to remember when we're toxing about taxonomic differences, like species level differences that doesn't always guarantee that the particular bugs that you have, they may technically fit within a certain designation like E-coli. But depending on the promiscuity of these bacteria, they may have or may not have the genes that are critical for performing certain functions, and that's where you have to get down at the proteomic level of the way that their metabolism is being expressed.

I think that this is part of the reason why it's so damn complex trying to do anything with the microbiota information. I think that this is, yet again, one of these cases where if we have a problem like essential tremor or different situations that seem to have a linkage back to the gut microbiota, sometimes the best thing that we've got is doing some tinkering. Maybe you play with resistant starch addition to feed the gut microbiota. Maybe you go the carnivore diet direction, which is basically starving the gut microbiota. Probably pluses and minuses to both of those. We've had some cautionary tales around the idea that a lack of adequate fermentable fiber will lead to a degradation in the gut microbiota and the loss of the mucus layer in the gut.

But then, it also looks like the gut can shift to using protein byproducts and amino acids as a means of producing propionate and butyrate and some of the other gut lining precursors. Beta-hydroxybutyrate can translocate from the bloodstream into the gut to actually help feed some of the gut microbiota. We have some people who have eaten carnivore for a hell of a long time and they have not pooped out their innards yet. Again, not a one-size fits all tool, but interesting. At least there's acknowledgement that the gut microbiota is a key factor in many of these issues. It still boils down to, what are you going to do to try to address these things, and it's not entirely clear what path to always take.

Nicki: Okay, our sponsor, the Health Rebellion Radio is sponsored by our Salty AF electrolyte company LMNT. Who says electrolytes have to be consumed cold? Stay cozy and hydrated this winter with LMNT in your mug. The LMNT chocolate medley is still available for a limited time while supplies last. Each 30 count box includes 10 chocolate caramel, 10 mint chocolate, and 10 chocolate salt. We've been getting a ton of comments from folks who are making amazing concoctions, mixing chocolate caramel with their protein powder. You made a drink with protein powder the other day.

Robb: I used some of the Sisson's snicker doodle collagen protein with the chocolate caramel, a little dash of whole cream in a decaf espresso, and damn, that was good. It was really good.

Nicki: Yes. As always, LMNT offers no questions asked refunds on all orders. Give the chocolate medley a try. Remember, lots of our flavors actually taste good in hot water. I'm drinking orange right now in hot water. Raspberry is great in hot water. Lemon habanero, which is a personal favorite-

Robb: Lemon habanero is also good.

Nicki: ... is also good in hot water. You can grab yours drinkelement.com/robb. That's drinkmnt.com/robb. Okay, and we have three questions for today. This first one is from Tracy. It's another Zone 2 cardio question. She says, "Thank you for all of the hard work you do. Spreading the good word. I've been a fan for many years and I just can't get enough of your content. You're both so smart and down to earth at the same time."

Robb: Very kind.

Nicki: Very kind.

Robb: We have her duped.

Nicki: Yes, "While I have burnt out and cycled through many other podcasts and nutrition fitness trends, you are tried and true." That's super cool. "I'm writing because I'm interested in Zone 2 cardio. I heard Peter Attia discussing it and then Robb brought it up recently as well. I'd love to learn more and any guidance on where to start because the internet is generally overwhelming. I am hoping to take up this cardio fitness endeavor by swimming laps in an indoor pool. I have a small amount of experience with freestyle swimming. Some probably irrelevant background, I'm 33 and in good health. I did CrossFit for about five years.

Then, gravitated to competitive weightlifting for four years. The last three have been a combination of barbell strength and hypertrophy. Cardio has been nearly non-existent and I'm feeling it. I'm 20 weeks pregnant with my first, so longevity is weighing on my mind and I am a little more out of breath at the gym than usual. I've been feeling great and very strong though. It is generally not in my nature to take it easy at the gym, but I know I need to start thinking about backing off at this point in pregnancy. Starting a new endeavor may seem counter to that, but I am very cautious and know when and when not to push myself physically. Changing gears with my fitness will help me to stay both motivated and remain cautious."

Let's see. She basically wants any advice or words of wisdom you may have as far as Zone 2, swimming, or even where I can look for pregnancy, baby resources would be incredibly appreciated.

Robb: Man, swimming is awesome. I will say though that for the purposes of specifically the Zone 2 training, it's a little difficult because I don't think there are many monitors that-

Nicki: It's tricky. That can track heart rate in the pool.

Robb: In the pool. Yeah.

Nicki: I just have a Garmin, I think it's the Fenix Garmin watch, and you can set it to swimming, but then it doesn't show your heart rate. Then, I had it set to running because that has a heart rate reading on that screen, but it was reading my heart rate at 95, something super low relative to my perceived level of exertion. Perhaps there's some heart rate monitor that can monitor folks in the water and maybe we have a listener that is more savvy with that, that could write in and let us know and we can share that in a future episode. But tricky as far as we know.

Robb: Yeah. That aside, a great starting resource is Dr. Phil Maffetone. I have a link to his material. He talks about the 180 formula and it's basically your heart rate training zone or spot, a good place to start is 180 minus your age. If I'm 50 years old, about 130 beats per minute is a pretty good spot for me to at least think about being in the Zone 2 cardio area. The theory here is that Zone 2 is pure aerobic activity. We're not going anaerobic. We shouldn't necessarily need to be glycogen fueled, any type of carbohydrate with this. This can vary from person to person, and actually somebody who is really in poor metabolic health will still under Zone 2 activity be burning primarily carbohydrate.

If you go way back in Peter Attia's early blogs when he was pretty overweight and not very metabolically healthy, when he would do Zone 2 work and do the radiolabeled testing to see what his respiratory quotient was, even at very low work output he was primarily burning carbohydrate, which sucks when you want to be metabolically healthy and ramp up your mitochondrial function and all that type of stuff. The benefit of Zone 2 is that it's great for the parasympathetic nervous system. It tends to put us in a restorative state. It is fantastic for improving mitochondrial function. It's good for the heart and vascular system. It improves the preload and ejection characteristics of the heart.

It's great for our vascular endothelium. It improves angiogenesis, which is the growth of new blood vessels throughout the heart, lungs, and muscles. There's just a ton of great benefit there. Really, Dr. Phil Maffetone's material is just a great place to jump in. It's a starting place. For me, the 180 minus age on the heart rate is too low for a training effect. For me, I'm more up in the mid 140s, most days. It depends on my recovery status, which brings me to the second thing that I'm recommending, which is the Morpheus platform. I don't have an affiliate link with these guys. Maybe I should because I recommend them all the time. This was developed by Joel Jamieson.

The website is trainwithmorpheus.com, and we have links with all this in the show notes. I really like that platform. It will give you a heart rate variability score each morning so that you have a sense of what your recovery status is. Then, based off your recovery status and the other metrics that you've input at the setup of your profile, it will give you a prescription for your training that day. There's been some new updates where it's not just the Zone 2 cardio, but if you want to do these different interval type activities within the Morpheus app, you can also do that too. It's a really slick system. There's a wristband version of it and also the standard under the boob chest strap.

Nicki: Chest band.

Robb: But again, I'm not sure if this is going to be super helpful on the swimming. If swimming is just your jam, this may be a deal where you just need to-

Nicki: It might be interesting because I will say she has a past in CrossFit, so she's pushed herself and done hard workouts where you're crushed afterwards. You've done Fran, you've done Helen, you've done these things. The thing that was enjoyable and amazing

about Zone 2 for me is that it's not hard like that. I think of cardio and I think hard because I always associate cardio with some running-

Robb: Suffering, yeah.

Nicki: ... and suffering and most of that that I've done in my life has been more anaerobic and high intensity. I actually am like, "Wow, it's challenging but it's not hard in the same way." You might consider getting something to track your heart rate and either doing treadmill work or just so she can get a sense of where is she at.

Robb: In the pool you could swim a couple of laps, pop your head up, the pools always have a clock. You can do, check your heart rate for the 10 seconds, multiply it by six, 20 seconds, multiply it by three. There's different ways of doing that so that you can just at least be within the parameters.

Nicki: Exactly. That was my point. You'll get to know, like, what does it feel like when my heart is at 130 or 140 or above that? It's like we always recommend, weigh and measure your food so you know exactly what four ounces of protein looks like or six ounces of protein looks like. Then, once you know that, then you can go onto eyeballing it. Obviously, it would be amazing if there was some device that you could wear in the pool that you could look at and instantly get that feedback. But in the absence of that, I think a good proxy would just be get familiar with what it feels like for you to be at a 130 or 140 heart rate. Then, get in the pool and when you feel like you're moving beyond that, stop and rest, or go slower.

Robb: The only pushback that I'd have is using something like a treadmill or a rowing machine or any other thing. The interesting thing about being in the water is that you're laying down, and so there's not the fluid column that the heart needs to deal with. In some ways you can work harder before you get as high of a heart rate because you're not fighting the fluid column. The main limiting factor for people in the pool is breathing, just the best technique you have. You're just not able to ventilate quite the same way. I read an article several years ago where they took folks who they just hooked them up with the masks, where you can keep your face in the water the whole time.

Basically a snorkel setup, but you could take a decent swimmer and those folks were able to meet or exceed world records in different swimming distances by being able to just breathe continuously.

Nicki: Got you. It's hard to correlate.

Robb: It's tough. Yeah, I think the best thing that one could do in the pool is, again, swim four or five laps or whatever and you'd have to figure out a frequency on when to pop your head up, but pop your head up, check your pulse. If you're in that approximate range and you know how quickly you're covering a lap of the pool and whatnot, then just maintain that pace and you should be pretty good. The other difficulties is usually people will say, "Well, Zone 2 is when you can nasal breathe but just barely." Well, you're not even really nasal breathing while swimming.

Nicki: You don't. You don't nasal breathe while swimming.

Robb: Swimming is just one of these-

Nicki: You mouth breathe.

Robb: You mouth breathe. It's an amazing modality, but to me it's a little bit challenging to make it as quantifiable as being on an Airdyne or something like that.

Nicki: Good question, Tracy.

Robb: Did you want any pregnancy baby resources, just to round that out?

Nicki: Who is the gal? I always blank on her name, who has all of the diet for pregnancy type stuff.

Robb: Lily Nichols.

Nicki: Lily Nichols. Yeah. All of her stuff is amazing.

Robb: The 90-minute sleep solution.

Nicki: The 90-minute sleep cycle?

Robb: No, 90-minute sleep solution, I'm pretty sure.

Nicki: Sleep solution. Okay.

Robb: Yeah.

Nicki: That was a lifesaving book for us.

Robb: It basically talks about how once babies are born, their circadian biology is set up for them to be awake for 90 minutes and then they need to go back down and man-

Nicki: Once you started doing that, it's like a baby would get up, okay, what time is it? 90 minutes from there, put them down, even if they seem awake and fine, they fall asleep really quickly because, again, they're in this rhythm. Then, let them sleep for however long they sleep. Wake up, 90 minutes, clockwork and then the older they get that 90 minutes turns into-

Robb: 180, yeah.

Nicki: ... 180 minutes, you double it going forward.

Robb: It was a life saver.

Nicki: That was amazing, because if you go past the 90 minutes, if you're up for two hours instead of an hour and a half, then it's like a fit to get them down for their nap. They're crying and restless.

Robb: It's like if we stay up too late and get a second wind and it's hard to fall asleep and then the little one is stressed and cranky. It's a disaster.

Nicki: Then, it's spread to everybody else in the house.

Robb: It spreads to everybody else.

Nicki: We've heard about this book from Chris Kresser, I don't know if it was with Zoe or with Sagan. We did it with Zoe a little bit.

Robb: We did it with Zoe. Yeah.

Nicki: Yeah, we heard about it from Kresser because his daughter is-

Robb: But Zoe was maybe four months old or something before we grabbed it.

Nicki: Yeah, I wish we had that from the beginning. Yeah, because Kresser's daughter is about six months older than Zoe or maybe almost a year. But yeah, so I definitely recommend that book.

Robb: Good luck.

Nicki: Keep us posted.

Robb: Keep us posted.

Nicki: Yeah.

Robb: Yup.

Nicki: Okay, so this question is on health advice for a physician mom. This is from Kerba. "Dear Robb and Nicki, I absolutely love your show and appreciate all you do. I'm a 40-year old mother to two boys, three years old and five months. I'm a cardiologist in private practice. I wish I could say I had a question on the most recent studies on lipid management or some other atherosclerotic risk factor guideline. But what I need is basic advice on how you think I should prioritize my day-to-day routine to benefit my health the most and give me the most energy. I've been getting less than four hours of fragmented sleep per night for several months.

Not to mention the sleep deprivation, which was profound with my first son. I have a full-time 60 to 80-hour per week job as a non-invasive cardiologist at a busy hospital. I try my best to eat a whole foods clean/primal diet. I've not exercised in months and I find it really hard to fit it into my schedule. My stress levels are through the roof. I feel my cortisol and other counterregulatory hormones surge in the morning as I rush to get myself ready and get the boys out of the house so that I can get to my clinic patients on time. My husband also has a busy full-time job, but he works from home. Do you think I should just simply focus on eating as healthy as I can?

Perhaps a few supplements that you could recommend? Or, is there simply nothing I can do as this is just a phase with having an infant and a toddler, and as they all say, eventually this too shall pass?

Robb: In a situation like this, we too shall pass. Kerba, one, props to you for doing all this stuff. Holy smokes, this is just a monumental amount of work. Two working parents, a couple of professionals, the infant and toddler deal.

Nicki: It's a lot.

Robb: Damn, it's hard. Damn, it's hard. Under the best of circumstances, it's hard. It's always hard to know should one just do this, should one just do that? I think that low-hanging fruit that costs you nothing is really focusing on whatever sleep you do get. Optimizing the restorative nature of that sleep. I love Doc Parsley's sleep remedy. I think it's a phenomenal product and you could drop that in when you are ready to go to sleep. Something that you might add to that would be anywhere from 500 milligrams to a

thousand milligrams of phosphatidylserine, which can really help to antagonize cortisol in the evening so that you can fall asleep.

The standard sleep hygiene stuff, blue blockers, lower intensity light. If you guys can install dimmer switches throughout your house or at least in bedrooms and key areas, that's a lifesaver. When we remodeled our house, all of our rooms had dimmer switches and it was heaven in the evening because you go through and just dial everything down and we had warm profile lighting. It would go from normal lights to orange. Then, you don't stay up and even the kids are not real frisky under those circumstances. As a thing that you're not adding anything really time wise first, I think that trying to shore up your sleep would be amazing.

Then, from there, yeah, being as good as you can be on the food without it becoming an additional stressor. This is maybe where you need to look into a meals delivered program or there are some really good pre-prepared meals. The Good Kitchen and different things like that, where maybe a couple of days a week you have somebody cook for you or you batch cook or you order some food in en masse so that it streamlines all that stuff. I think looking anywhere where you can carve out a few more minutes for yourself and just relaxation, I would definitely recommend if you could, the twice a day Ziva meditation.

Nicki: That's where I was going to go. Yup.

Robb: Yeah.

Nicki: It seems like a big time commitment and it can definitely feel that way. Even if you could only get the morning one in, because I don't know personally, but I can imagine that once you're at the clinic and you're seeing patients, it might be hard to carve time out. I don't know if you get a dedicated lunch break or not. If you did, then that would be a perfect time to fit it in. But if you haven't checked out Emily Fletcher's book, *Stress Less, Accomplish More*, the Ziva meditation. She also has an online course you can subscribe to or listen to the audio book, but do that practice.

When I'm reading, your stress levels are through the roof, your cortisol, all of that stuff, meditation is just ... It can have a profound impact on how you feel, and not only how you feel personally, but then how you interact with people, how your whole day goes. It's really-

Robb: And it improves your sleep.

Nicki: It improves your sleep. In fact, Emily talks about this in the beginning of her book, the whole reason why she got into meditation, she used to perform on Broadway and had terrible, terrible insomnia. Wouldn't sleep for months and was just feeling like a wreck. There was another actress that was always calm and collected and ready to go. She finally asked her, "How are you able to do this?"

Robb: Keeping your shit.

Nicki: Because she was just falling apart at the seams, and the woman was like, "Meditation." Emily started studying under this woman's teacher and it just totally transformed her life. It is very, very helpful for sleep.

Robb: I can't tell you how many times I've said, I don't have enough time to do it. That's inevitably when you've got to carve out the time to do it.

Nicki: Yeah. I don't know. Again, I'm not a physician. I'm not working your work week. The other thing that comes into my mind, and this is tough, this is often like the modern household. Two parents working really high-paced, intense jobs, kids, and I don't know, but part of me, if I were in your shoes, I'd be like, "Is this doable for me? How long am I going to do this? Am I going to work 60 to 80 hours per week now while my kids are young and when they're five and 10 and 15? Is this okay? Is this how I want my day-to-day to be?" I know that seems like a really big hard question, but we all have to ask ourselves. We've got one life and maybe you love it.

Maybe the intensity of it and the pacing and you're helping people and you just thrive at that. If that's the case, then great. But if it's eating at you and it's wearing on you and you're not able to exercise like you want to exercise, you're not getting the sleep that you want, then maybe there's a way. Maybe you just got to ask the question, like, "How could I make this a 40-hour week job? Sometimes 60, during peak times, but not a consistent 60 to 80? Is there a way? Is there some other part-time person that could come on and take on some of your hours?" I don't know. You never get to that answer if you don't ask the question.

Or, again, maybe you love this work and this is what fulfills you and you actually like the schedule. Both you and your husband work full time, so maybe hopefully you have the resources to, can you get some help? Maybe you get a nanny that helps in the morning so that when you wake up in the morning you can do your meditation, you can shower, you can get yourself ready to work. You've got somebody else helping get your kids prepped and fed and ready to go.

Robb: It sounds very first world privilege. In this day and age, people get all mean and nasty about taking care of ourselves ironically.

Nicki: But yeah, I'm reading her schedule and I'm like, "This sounds exhausting." It would be exhausting for anybody because she has these little ones that are keeping her up at night. It's an exhausting schedule all the way around. Yes, this too shall pass, but at what cost? Let's say we just continue on with this schedule and by, I don't know, the five-month old gets to a year he sleeps through the night, maybe a year, two years, three years, it's easier. But what is the cost of that to your health, to your body, to your relationship with your husband, because you're exhausted all the time, to your relationship with your kids? We're totally going in a different tack with this question, but I think it's-

Robb: Can we share a little bit about what we've done? We started a gym together and Nicki was insanely foolish to link wagons with me at that time. I didn't have two nickels to rub together and she could have really married up, but for whatever reason think the maker that she chose to hang out with me. But getting that gym up and going was incredibly difficult. Nobody knew what CrossFit was. We had never run a gym before. I'll be completely frank that the CrossFit HQ was openly antagonistic towards trying to learn how to run an effective gym. I've talked about that before, but it was just a shit show and it took a lot of work to get that gym up and going.

There was a lot of stress associated with just being a prominent person in CrossFit and not really digging on all the ... There were many, many great things about it, but there was a lot of stress about being one of the primary people in there. We had our ins and outs with them, eventually getting booted. I wrote a book. The book fortunately did well. Then, you had an opportunity, Nicki had an opportunity to be a co-founder of a tech company. We sat down and asked some questions and I was burned out from what

I was doing and we put a lot of what I was up to a little bit on the back burner. I did the podcast.

I did a little bit of blogging, but I wasn't running and gunning super hard on the robbwolf.com facing side of this and spent a lot of time with the kids. We did, we were very fortunate at the time that we were able to get a little bit of help. We had somebody come over and help with the kids, Zoe in the morning at that time. But also, my primary job was cooking, cleaning the house and largely taking care of the kid. You were a milk supply and a co-founder of a tech company at that point. That was a good three or four-year run with that. Then, you were like, "Okay, I ticked that box. I'm good."

Nicki faded out of that. Then, we shifted emphasis back into, "Okay, I want to start developing some more things with the online deal."

Nicki: Robb Wolf.

Robb: All that jive. With both of us going pell-mell, full throttle, we could've made more money. I guess we could've maybe had more impact and everything and we would've been crazy people. We did make some decisions around just our quality of life. This was before meditation, before a bunch of other things that would've been really, really helpful. But we did consciously make some decisions to step back and we were very fortunate to be in a position to be able to do so, and all those exculpatory clauses, but this is a real deal. Nicki and I were having a discussion about our homeschooling with our kids and are we doing a good job? Is it going okay? She's rereading-

Nicki: Just some books by John Taylor Gatto about compulsory education and how that all came to be in the history of compulsory education.

Robb: The two working parents thing, it's arguable that it hasn't really done a ton of good for the whole world.

Nicki: Yeah, and I'll probably get these dates wrong, but basically they made the case that two working parents in, I think it was 1985 or 1990, brought home-

Robb: The equivalent.

Nicki: ... the equivalent of one working parent in 1905. This is all in the context of compulsory education. The kids are in school all day, both parents can work, but it's not really moving families forward, you're away from your kids all day long. Then, it's really not financially moving families forward. If a single income earner in 1905 brought home as much as both parents working in 1990, what are we doing?

Robb: I have no doubt there are folks out there who are like, "Well, all this privilege and that's great for you guys." We don't know everybody's individual situation, but our CEO of LMNT, James Murphy, is a really amazing guy. He, a couple of times a year, will sit me down, like, "Hey, are you enjoying what you're doing? What do you envision with what you want to do?" This isn't super Tony Robbins, like, "Where are you going to be in five years and everything? If you want to do that, that's fine." But it's just, how do you want your life to go? I think that this is a great spot to ask some questions about that and not being preachy, not being judgmental, but it seems like-

Nicki: Sometimes it takes somebody from the outside to ask that question, because you're in the mode. We're all good at carrying the loads that we have and we go from place to place and we do the things and it's just survival mode. We're getting it done. Sometimes

it takes somebody from the outside to be like, "Hey, do you need to do all of that? Could you do a little bit less of that so you can fit in things that are going to make you healthier and more vibrant and potentially be more fulfilling?" Again, we've got one shot at this life and I don't know, I think it's a question worth asking.

Robb: It's a worthwhile question to ask. If we overstepped our bounds, apologies. But I think that, again, it's worthwhile to get-

Nicki: Like we said, amazing respect and love for you in what you're doing. You're a supermom, right? But at the same time, we don't always need to be supermoms. I think fits and spurts of supermom. We can do that, but we're human and sometimes we need to be like, "Okay, I'm carrying too much. I need to put this one down." Or, "Hey, Hubs, can you hold this one for a while? Because I've got a lot here." It's okay. It's okay. I think that's hard. We're in this society where it's like, "Go, go, go. Achieve, achieve, achieve." A lot of our identity is built around achievement and our success, and the fact that we can do it all.

But again, we are just a human being and human beings need sleep, rest. They need to play, they need to laugh, they need to love, and they need to do some meaningful work, but that meaningful work can't take up the whole thing.

Robb: Take the whole thing. Yeah, so keep us posted. Really, and if we're full of shit, tell us to fuck off anyway.

Nicki: Yeah, that too.

Robb: But seriously, let us know what you do. I guess just to recap, look at your sleep. Highly recommend sleep remedy, recommend some phosphatidylserine 500 to, probably about 500 milligrams before bed, Ziva meditation with flexibilities.

Nicki: Light in your eyes. I know you're probably running and gunning, but if you can just get out, first thing in the morning if you're having coffee, just like five minutes just outside, even if it's freezing, just get some natural light in your face first thing in the morning. Then, absolutely highly recommend Emily Fletcher's Ziva meditation. Get the book or do the online course and actually do it. You will feel a difference within three days of doing those. I hope that helps. Okay, last question this week is from Alicia on restless leg syndrome and Raynaud's. She says, "I am wondering if caffeine is connected or correlated to restless leg syndrome.

It only happens once in a while and I'm trying to figure out why. I mostly get it when I'm on an airplane. Do you think caffeine should be eliminated from my diet? Also, I have Raynaud's in my hands. I can get rid of it fast with hot water, but sometimes that is not an option. Recently, I heard on a podcast maybe Rivera with Shawn Baker, that people with Raynaud's usually suffer lower cardio fitness. I do notice that my cardio stamina sucks. I can lift all day long, but when it comes to sprints, running, or cycle classes I feel so out of breath.

Do you have more information on that connection or even any remedies to Raynaud's?" Then, she says, "I'm 53 years old, very active, 18% body fat, carnivore diet, and I drink LMNT."

Robb: On that restless leg syndrome there's definitely some linkage between caffeine and restless leg syndrome. There are some linkages with B-vitamin deficiencies and restless leg. There are some linkage between magnesium deficiency and restless leg. There's a

lot of different angles that one could tackle on that. I've noticed, as I've gotten older my tolerance for caffeine has decreased. It definitely doesn't help my essential tremor situation at all. It makes it pretty terrible, actually, or it can. That's a thing to play with.

Then, on that Raynaud side, we have seen a really strong autoimmune linkage with Raynaud's. We've seen it resolved with a good number of people, like Nicki's dad has seen improvement with his Raynaud's since he eats more paleo, but it's not a hundred percent there. Our youngest, Sagan-

Nicki: Sagan has some. Yup.

Robb: ... has pretty profound Raynaud's. Her hands and feet will just totally change color if she gets them cold. A couple of things on that. There is a herbal product, ginkgo biloba, and I've got a link to the study on this ginkgo biloba. It helps with vasodilation to some degree. It also helps with blood viscosity, but it helps with circulation. There's a number of different circulatory issues that ginkgo has been studied with, including tinnitus, which ringing of the ears, and it shows some efficacy with these things. One thing to be aware of with this is that it is a blood thinner, unlike aspirin. If you have any type of bleeding issues or things like that, clear it with your doctor.

Be aware that there are some issues around that. The other thing that's interesting is Sildenafil, basically Viagra, as a treatment for Raynaud's type conditions and it's pretty remarkably effective. I link to that study as well. But Sildenafil and all the related erectile dysfunction medications, are pretty interesting in their effects that they have on the vascular endothelium, improving nitric oxide release and improving circulation. They have some other interesting side effects that are generally pretty beneficial for health. They have some beneficial cardiovascular effects. In a very small percentage of people you can get some negative vision alterations with Tadalafil and Sildenafil.

But these things have beneficial effects for men on the prostate, for women on cardiovascular elements. On both men and women it actually helps sexual arousal and sexual function interestingly, because of the increased blood flow to the sexual organs. It definitely, for most people, seems to dramatically improve both the frequency and the severity of Raynaud type symptoms, where you lose that perfusion to your hands or feet and they get just bone cold. They're pretty safe. They're pretty well studied. You've got both the ginkgo angle and also that Sildenafil angle that you could tinker with and see if that's helpful.

Maybe that's something that you just tinker with during the cold months or if you know you're going to be swimming, or whatever. The precipitating thing is I think it would be worthwhile to look into that. Since we mentioned meditation before, that's a great place to plug meditation in. Again, meditation does help with circulation, particularly if you do some of the active visualizations, like thinking about your hands being warm can increase the blood flow to your hands. As a kid, in sixth grade, I read a book on meditation and the guy talked about how you could raise the temperature of your hands by thinking about it.

I taught myself to raise the temperature of my mouth and I was able to go home any time I wanted to by having a fever, by basically thinking myself into a warm mouth.

Nicki: That wouldn't work today with these little thermometer scan, forehead scanner things.

Robb: I just have to think about my forehead being hot. I would figure out a way to hack it.

Nicki: Because I'm sure your school, it was under the tongue thermometer that you had.

Robb: It was, and it was probably in some cat's butt the day before, but who knows?

Nicki: On that lovely visual of a note, I think that's the end. Any other comments?

Robb: I don't think so.

Nicki: Before we wrap up.

Robb: Nope. We've been getting a lot of folks writing in not just questions but follow-up pieces, folks finding things like the essential tremor piece. I love all that stuff, really love it, really appreciate it. I appreciate you spending your time listening to us, very heartened that this stuff is valuable for you.

Nicki: Yeah. Thank you all. Be sure to check out our show sponsor LMNT for all of your electrolyte needs. Whether you like it cold or hot, you can find what you need at drinklmnt.com/robb, drinklmnt.com/robb.

Robb: Someday I'm going to videotape Nicki because when she does these things, being Italian, she gets very expressive with her hands. It's so cute. Okay, folks. Thank you.

Nicki: All right. Bye.