

Nicki: It is 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.

Hello everyone. Welcome back to the Healthy Rebellion Radio. If this is episode 136, good morning and we hope everybody had a wonderful Christmas. If you celebrate and time with family, if that's relaxing for you and just had a little bit of a respite.

Robb: I'm just pointing out that you're being timeist in that you wished everybody a good morning and it could be good afternoon or good night for some people.

Nicki: This is true. This is true.

Robb: So you're a horrible human being.

Nicki: No, I'm not. You can E-A-D. This is a kid friendly podcast or at least most of it.

Robb: Ish.

Nicki: So I won't spell that out, but you probably know what that means.

Robb: Keep going wife, you're off to a great start here. Don't let me stop you.

Nicki: So I know in our last episode we were letting folks know that we had some weather, inclement weather coming in. And inclement weather we get and we felt going into it that we were pretty prepared from a resiliency perspective. Because we did a few things around this house when we first moved in to prepare for a situation in which the power would go out for a period of time-

Robb: Extended period of time.

Nicki: And when we bought this house, it already had one of those Generac backup generators, so that was great. The whole house runs on electricity, but the Generac generator, there's a 500 gallon propane tank. And we've had the power go out since we've been here and the generator kicks on and-

Robb: Life continues largely as normal now.

Nicki: ... life continues. And then we also installed shortly after we moved in something called a simple pump, because we're on a well here. And the simple pump allows you to pump water from your well even though you have no power. So it's got a big hand crank thing on it. And so you can go out and just pump water into a bucket and or attach a hose and then the hose can hook into one of your hose bibs on your house and even pressurize your pressure tank. And so you could theoretically take a shower and do all the things if you didn't have water. So what was this? This was Thursday morning because we had some friends over for dinner Wednesday evening.

Robb: Yeah, they'd been getting progressively colder and it got first single digits and then negative. And this is in Fahrenheit. So for everybody else in the world, it ultimately, it ended up the day that things went sideways, it was minus 30 Fahrenheit, which is almost minus 50 Celsius. And that's no windshield. There was no wind, fortunately that-

Nicki: No, there was no wind, thankfully.

Robb: ... It was just fucking cold.

Nicki: It was just cold. So we'd had friends over Wednesday night for dinner that plays a part in the story shortly here. They left and then Thursday morning we wake up and we have no power. So Rob wakes me up, he's like, "The power went out, generator didn't kick on." I'm like, "Okay." Oh, another thing that we put into our home, because this house has a pellet stove, which requires electricity to both start it and-

Robb: Continue to run and the blower and all that stuff, yeah.

Nicki: ... to continue to run and the blower and all that. So we put in a tiny little wood burning stove into our bedroom, a Jotul. And it's super small but it has a little cooking surface on top and it's enough to heat five to 800 square feet depending on what coldness zone is.

Robb: What you are throwing at it. Yeah.

Nicki: So anyway, so we had that. Anyway, we wake up to no power generator's not kicking on and Rob goes out to try to see what the problem is and tries to manually start it.

Robb: Well, and you're leaving out a little bit of that.

Nicki: Oh yeah. Okay. This was the part about the friends over last night, the night before the girls still had amazingly, because they only have a piece here and there, Halloween candy left over. And so our friends come over, they have a young girl that's the same age as our girls that love to play together and they ended up sharing whatever remaining Halloween candy they had with her. And in the process they must have-

Robb: Shared a piece with Grizz.

Nicki: ... shared a piece or two with Grizz because Rob's getting up to go check the generator and then Zoe comes rushing down the stairs saying, Grizz is pooping. He pooped in his crate and there's like poop dribbling out of him. And so we have no power and no water and we've got a big dog mess.

Robb: And then Grizz just takes a massive running shit in the middle of the floor, partially on some runner carpet.

Nicki: Runner carpet.

Robb: And then I'm like, "Awesome, today is off to a fantastic start." And I got outside and the Generac wasn't working and I was like, "Okay, I need to pull out the manual and start looking at this thing and kind of figuring out what was going on." And the long and short of that is that it got cold enough that the battery was overwhelmed and so-

Nicki: So it couldn't kick it over.

Robb: It couldn't kick it over, which was a problem and we're going to try to figure out some solutions around that. And while I was outside, inside Grizz also decided he needed to vomit-

Nicki: Then he decided to vomit. So we had serious dog...

Robb: And mind you, this is when we effectively have no water, we have no heat. And it was just off to the races.

Nicki: It was comical, actually. Well thankfully we have this yodel stove because it started getting quite cold in the house and that thing just worked like a charm. Love, love, love it.

Robb: We made coffee on it.

Nicki: We made coffee on it.

Robb: And as a side note, we had thought ahead and ordered a hand crank coffee grinder.

Nicki: Yeah, we so we could grind coffee.

Robb: And we were needing to flush toilets, which we ended up needing to melt snow to do that, which really sucks.

Nicki: Because the simple pump also didn't work.

Robb: Didn't work.

Nicki: So we're not quite sure what happened there. So it turns out, so we ended up having a technician come out to look at the Generac and he just said that these things are bulletproof, but when it gets right around minus 20 and below, they just don't always work. And so we're thinking there's something to do with the cold, with the pump as well, which we need to investigate that. But anyway, I know this is a long meandering tale, but it definitely exposed... So Rob was super frustrated and I'm like, "You know what, it's fine." This is actually really great because we know the power's going to come back on. We didn't know how, if we'd be out for a day or a few days, but this isn't an EMP pulse, we're fine and we'll make it this stove in our bedroom. We can all sleep in, we're not going to freeze to death. We've got food, et cetera. So we were fine, but it really allowed us to see what gaps do we have, and where do we need to shore things up, what is shore upable?

Robb: And so one thing we're doing is getting rid of the pellet stove entirely and another-

Nicki: Yes. And we've been having tons of problems with it anyway, it's from the nineties and it's been failing and we've been replacing the part here and the part there and it just doesn't run very efficiently and it's just a giant pain in the butt. Nobody around here services them. Hardly anybody sells them anymore here because they always apparently, at least the people that we were talking to, they always had so many problems with them that they just stopped selling them. And while very convenient in the times when you really need one, you need wood. So that's that.

Robb: So that was our...

Nicki: Our test, our apocalyptic test allowed us to see what we need to shore up and thankful for that. And we're still here. The power came back on only after 10 hours or so. So all good.

Robb: Indeed.

Nicki: I did want to share, last week we had Adrian who asked a question about whether or not he was burning more calories while rucking than what his watch was showing. And I'm going to link this to the show notes, but one of our rebels, Mark Rem, shared a link to a rucking calculator from goruck.com and long in the short of it you can plug in your weight and the pounds that you're carrying. It doesn't really have an adjustment for terrain, it just only uses flat terrains. But down below the article talks about what variants you might see if you're on a more hilly train and whatnot. But as a general rule, they say that rucking burns two to three times more calories than walking. So thanks to Mark for sharing that link. And Adrian, that might help explain your leaning out despite your maintenance calories that you were experiencing. And again, that link will be in the show notes for anybody who is interested. I think that's all for upfront. What do you have for us for a news topic?

Robb: It's funny or I personally have kind of pulled back from talking too much or even really reading too much about COVID writ large because it's just frustrating and I start losing my mind. But some interesting stuff popped up, and the first one is from the Gato Malo.

Nicki: Who is now back on Twitter.

Robb: Who's now back on Twitter and the title is: Are COVID Vaccines Causing Persistent COVID and Might a Shift in Antibody Response Be the piece at the Center of the Mosaic. And so it's a pretty complex piece. I am not an immunologist. I can read this stuff and take it away, but I'm not steeped enough in immunology generally to be able to come up with stuff like this. So I'm definitely more of a passenger on this, but it was first the bag cat that did this piece and then Udipis did a similar piece with the same information. And had a little bit of a different angle on it, but not that much. And the long and short of this is that they're looking at some studies that consider the different type of immunoglobulin antibody responses that folks get from the COVID vaccines, COVID trans vaccines, whatever you want to call them. And there are different classes of antibodies.

What has historically been happening is the powers that be will say, "Look, robust antibody response were great." And that's not the whole story. There are different classes of antibodies that we see within this response. The IgG3 is a class that actually clears the viral particles upon exposure. There is a class that is the IgG4, which is an interesting subclass of an antibody response. It actually attenuates immune overactivity or immune activity and this can be important in scenarios like cat dander allergies and whatnot. And so it can take something that is irritating to the immune system and upon serial exposure kind of mitigate the response.

And this can be very appropriate in this situation, again, of dust mite or pollen or something like that. And it could be absolutely catastrophic in the case of attenuating the immune response towards a virus. Essentially what the case that's being made here is that based off the classes of the primary immunoglobulins antibodies being produced in this scenario. It looks like at least in some people, that these kind of chaperone antibodies and they're really not chaperones, but they're just doing the job that they should be doing. But the preponderance of this class is of the variety that attenuates immune response and effectively what it's doing is providing a Trojan horse type

entryway for the virus to get into folks. Particularly if they've been vaccinated and or boosted. The more, the worse it seems to be.

Nicki: Looks like that IgG4 increases following successive boosts.

Robb: So where we're being told that the successive boosts are the things that are going to save you and they're going to turn the tide and everything. It may be exactly the opposite and it literally may be that it's creating a situation. This is the original antigenic sin. This is this stuff that was brought up by I think like Peter McCullough and some of the other folks two months into the spin up of this-

Nicki: Vaccine.

Robb: ... recommendation around the vaccine that like, "Hey, we might need to think about this." I had never heard of original antigenic sin or antibody dependent enhancement and it got put on our radar. Nobody did a God damn thing about it, other than suppress discussion around it.

Nicki: And cancel all the people on Twitter that were talking about it.

Robb: Exactly, not the least of which was this guy. I don't know if Udipis is on Twitter got canceled or whatnot, but I would have to assume that he has given the material that he's dug into. So that's one thing and it's really, really concerning. The other piece to this is that we are backing into this and by we, I'm talking about people much smarter than myself, these folks that have a better steeping in immunology. But we're backing into this using incomplete and not perfect data, not solid data to really be able to answer this question of is original antigenic sin happening? If it is, how is it manifesting, and what are the implications here? For quite some time, the UK was releasing fantastic data that was showing a not great picture for the vaccine campaign and shock of shocks, they ceased to publish this data as well as Israel, and I think Denmark was another place that that's mentioned in this piece that they no longer publish this data.

We have the data at our fingertips potentially if again, the powers that be, would be willing to actually release this material, but they're not. Which it would for the people who are like, "This is all conspiracy theory bullshit. Okay, publish this data and then we can see that for sure." Or there's actually a signal here and these people are purposefully suppressing this information so that, at this point for what means or ends, I'm really left scratching my head. Because again, this could be hugely catastrophic for the people who are vaxxed and boosted, et cetera. It makes them effectively incapable of mounting any type of an immune response at all to this. Which ironically may circle us back around to looking at non-vaccine therapeutics to try to save these people, like hydroxychloroquine and Ivermectin and different stuff like that. Because we'll literally have no other frontline intervention to try to help these folks. But I just think it's pretty important. So I would encourage you to read it. This stuff is thick material, but I think with the explanation that I gave and then the run through-

Nicki: The Gato gives a pretty good, he's good at making it accessible for people.

Robb: But this is a thing that, again, if there isn't a signal here, let's release the information so that we can put that to rest and focus on other stuff. And if there is a signal here, then God damn, we really need to do something about that.

Nicki: Okay. Did you want to also link to the Udipis piece?

Robb: I'll put it in there.

Nicki: ... in the show notes also?

Robb: Yeah.

Nicki: Okay, great. Alrighty. Health Rebellion Radio is sponsored by our salty electrolyte company LMNT, and if you like cozy winter beverages but don't like the crap and the sugar that accompanies them, you'll want to give the LMNT Chocolate Medley a try. Each 30 count box comes with 10 chocolate caramel salt, 10 chocolate mint and 10 chocolate salt. You can add to coffee or just hot water, maybe a splash of heavy cream if that's your thing and voilà, cozy yumminess in a mug. LMNT Chocolate Medley is here only for a limited time, so get it while it's hot. And remember with the LMNT value bundle, you can buy three boxes and get the fourth box free. You can mix and match, choose your favorite flavors, it's definitely the way to go.

You can grab yours at drinklmnt.com/robb. That's drinklmnt.com/robb. Okay, we've got three questions for you guys today. The first one is from Dana on sodium nitrite. She says, "Good morning. I just listened to your episode from December 23rd. I have had a long-standing perplexing question about sodium nitrate and nitrate and it relates to the recent episode. Since I was 14 I've had a sensitivity to processed meats that contain sodium nitrate like ham, lunch meats, salami, hotdogs, et cetera. It creates a vascular migraine headache with an aura of visual disturbances and sometimes hemiparesis. I can stop the progression with aspirin, so I'm confident it's vascular. The perplexing part is that it never happens if I eat vegetables high in nitrate or nitrates or meats that are cured with celery powder that is high in nitrates. Any thoughts on how these are different?"

Robb: Man, I noodle on this a lot and I'm honestly not sure what the difference is here. It could be that there might be a histamine response in addition to the nitrate issue with the prepared meats. Because there is a non-trivial histamine kind of load associated with that. What's interesting though is that nitrates and nitrites, typically when we ingest them, facilitate vasodilation. When you mention that the aspirin is helping you, aspirin is typically a vasodilator to some degree. It also does other stuff, so it may not be zeroing in specifically on that, but it's interesting, there's signal that goes one way and then signal that goes another way. And I'm frankly not entirely sure what the story is here. It could be also that there's just a load, just a minimal base load that in some of these prepared meats it hits that load quicker. Or just the total magnitude is greater than what you would get from the celery powder and whatnot.

Nicki: Okay.

Robb: I wish I had more, it's a good question, but it is odd on, again, it sounds like she's getting a vasoconstrictive effect. But yet nitrates and nitrites usually facilitate a vasodilation effect, so I'm not sure. That's odd.

Nicki: Okay. Next we have a question from Jackie on high fasted blood glucose and high cholesterol. "Hi there. Longtime listener, first time emailer. I've been low carb for the better part of the last five years," excuse me. "And had some success in maintaining a 40 pound weight loss with those eating habits. However, after two surrogate pregnancies accompanied with IVF and exogenous hormones over the last three years, I'm struggling to get back to my pre-pregnancy weight. Looking for answers, I had some labs done expecting a thyroid issue to find high fasted glucose levels 99 to 101 and elevated bilirubin. I'm fine after eating. My glucose sits at about 74 to 84, two hours after eating

pretty consistently. I'm just not sure why all of a sudden I'm showing poor insulin management in the mornings on an empty stomach. My BMI is 34, which I know isn't ideal and I'm working on it, but after hormones, the weight doesn't seem to want to come off.

I'm 30 years old, my doctor said, 'Make some lifestyle changes and we'll keep an eye on it.' So much help there. Wondering if that might be attributable to my dysregulated blood glucose levels. Would appreciate your insight on the matter. Any thoughts as to what I can try to get my blood sugar back to normal before it spirals out of control. I'm debating on a CGM, but not sure if it would be of help. Also, my cholesterol came back high at 212 with an LDL HDL ratio of three. Triglycerides are 66. In the low carb world, what does this mean as in the standard medicine world it's not great. So I'm not sure if it's the same. Thank you for your time and all the knowledge you bring to optimizing health. You're truly changing the world."

Robb: Man. There's a lot going on in there. So maybe doing the blood work first. The blood work to me looks a little bit like some possible discordance, but it's hard to tell that the total amount isn't super high. But we might have that low HDL, high LDL, which can be indicative of some systemic inflammation and some other problems going on. The triglycerides are not super high, so that's kind of interesting, perplexing. Usually when we see overt insulin resistance, we'll see the triglycerides elevated a little bit. It would be interesting to have you run through the precision health reports process because they give you a much more granular look at the cholesterol and lipoprotein.

And then just that LPIR score, the lipoprotein insulin resistance score really gives us a great independent look at what your actual insulin resistance is. And from there I think that this is just a story of probably need to do a little resistance training, a little bit of zone two cardio and tighten up the nutrition as best you can. I wouldn't bemoan the fact that you've done IVF before. I know folks will insist that it has super disordered their metabolism and hormones later. But I really think that in large part, this is overall poor diet and lifestyle compounded by doing the IVF. And lots of times when folks end up on IVF, it's because they're already insulin resistant and-

Nicki: Well, she did it for surrogate, she was a surrogate.

Robb: I get that. I totally get that. But generally when the folklore around IVF and hormone problems pop up, I think that the people enter IVF 80 90% of the time already with hormone problems.

Nicki: Gotcha.

Robb: Yeah, yeah. And maybe she had a little bit of that anyway just because of some background stuff. I don't know.

Nicki: But I'm wondering too, Jackie, I'm not sure if you're testing your fasted blood glucose at home or is this reading of 99, was that just something that you got from the lab?

Robb: That's a good question too.

Nicki: Because it could be, were you stressed driving to the, because stuff can change, if it's a single point of data.

Robb: It's a great question. And so rechecking that multiple times, so serially over several days, that's actually a really fantastic point is just reestablishing whether or not that is a true

baseline. So checking fasted blood glucose daily for maybe five days or a week and then checking some of the postprandial, post-meal numbers would be a good idea. I'm trying to think of what else there, could look into a CGM, but CGMs don't give you really pinpoint numbers, they're more of trends and you have to get a prescription. It's an involved process, but that's a fantastic point to just recheck that. And then...

Nicki: Then just really trying to dial in your lifestyle, making sure that you're getting tons of sleep, make you're getting light in your eyes first thing in the morning so that your circadian entrainment is there and that will help your sleep. Make sure that you're getting enough protein, actually calculate your needs based off of your weight and activity level. And measure it and just be, if you're really wanting to get some results here, just really dial in and make sure that you're hitting those protein targets and calorie targets and all that. And then activity, all that good stuff. But I do think the precision health reports would be a good-

Robb: It's such a good-

Nicki: Just to clear up like, "Is there something else going on here?"

Robb: And Jackie, if you do the precision health reports, ping that back to us and we'll do a follow-up and see what we have cooking.

Nicki: Okay. We have a question from Juliana on keto breastfeeding. "Hi Robb and Nicki, I've been listening to your show for about a year now and I love the breadth of topics you cover. I know sometimes you joke that people my age are not interested in what you have to say, but I want to let you know we are very interested. I share your podcast all the time and people my age love it. With my second baby, I was diagnosed with gestational diabetes mellitus and was on my way toward type 2 diabetes postpartum. My blood sugar levels were out of control and I kept adding on weight. I found keto completely changed my life. I lost 40 pounds before getting pregnant with our third baby. And with our third baby I was very strict and ate less than 50 grams of carbs a day and had an extremely healthy pregnancy with no gestational diabetes this time.

I'm now 10 weeks postpartum with my third baby and after having the third baby, I gave myself a ton of freedom. I eat any and all carbs. It was a celebration of all my hard work for two years. Now at 10 weeks postpartum, I tried to go back to my very low carb way of eating and within 48 hours I got so, so, so sick, felt much like the keto flu. I would like to note that I had an LMNT each day and I salt my food generously with Redmonds, I got scared because breastfeeding is the most important thing for me. So I went back to having carbs to undo the sickness, but I would prefer a low carb way of eating if I could get there. I take magnesium and desiccated liver and vitamin D and LMNT. I also did not restrict calories. I'm very familiar with the keto diet.

I made sure I had plenty of fat and calories. I'm curious as to what ketosis does to our overall hydration levels and possibly breast milk supply. I know you recommend LMNT for breastfeeding mom, so I was hoping you might have some insight on low-carb diets and breastfeeding. I'm willing to suffer through the keto flu, but I'm terrified of it hurting my milk supply. I also read that breastfeeding lowers glucose levels and I'm curious if that may have had an interaction and intensified the keto flu. I forgot to take my morning fasting numbers. I'm a 33-year-old female and my weight is totally irrelevant because I had just had a baby. Thanks for any insight you might have."

Robb: Man.

Nicki: The keto gains, guys, have had tons, dozens if not close to hundreds of women who have done keto while pregnant and postpartum. And I could probably try to dig up some, I know that I've seen screenshots from their Facebook group of moms with, who are pumping. And so you can actually see the volume of breast milk that they're producing. I know an LMNT has helped a ton. It says, "I know you are having one each day, you probably want to do more." I know some of these moms are doing like 8,000 milligrams because they're-

Robb: And if that's cost prohibitive, then we'll look up-

Nicki: You can make your own.

Robb: ... the home brew recipe, just search LMNT home brew. You have to have, if you're on that lower carb side of things, you have to have at least five grams of sodium a day. And then similar amount of potassium and then usually somewhere around 200 milligrams of magnesium throughout the whole day. That's from all food sources in supplemental sources. Salting your food generously isn't going to cut it.

Nicki: So one element with salting your food, you're under 2000 grams for sure. So you're definitely getting to low.

Robb: Yeah, it's just not going to cut it. And this is just one of those things. I appreciate the desire to celebrate getting through all this stuff, but a full Thelma and Louise driving the car off the cliff carb deal, it just resets things in a way that is hard to come back from. And it is a great point that Juliana mentions about the breastfeeding further reducing blood glucose levels if she's not producing ketones. And she's already got to some degree like an antagonism on the blood glucose levels and then she shifts to low carb, not only is she dealing with the electrolyte issues. But also with the low blood sugar issues because there's no ketones there to fill things in. And that could be a case for dropping in a tablespoon of MCT oil at each meal. Just to kind of help goose the ketogenic situation a little bit.

Nicki: Would you say to go straight to keto, she went straight to 50 grams of carbs a day? Or could there be a case to kind of, I don't know what-

Robb: Titrate.

Nicki: ... Yeah, I don't know what current, when she was eating all the carbs. I don't know. Is that 200 grams of carbs a day? Is it more, is it less? But titrating down going to a hundred grams of carbs a day and then run that for a week and then 75 grams, run that for a week.

Robb: Certain link to it. And that's a lot less of bug against a windshield kind of feel.

Nicki: But still needing more sodium.

Robb: For sure.

Nicki: For breast milk production.

Robb: What happens with sodium and electrolyte status, hydration status, low carb and or fasting causes the body to not retain sodium, not retain water. That can negatively, impact breast milk production, but only if we're not consuming adequate sodium and

electrolytes. If you consume adequate sodium and electrolytes, you're going to be just fine.

Nicki: Yeah. Do we have a blog on the LMNT?

Robb: Yeah.

Nicki: Blog on breast milk or breastfeeding moms and sodium.

Robb: Yeah.

Nicki: Okay. So we'll find that and we'll link to that in the show notes also.

Robb: Yep.

Nicki: Okay. Is that our last question?

Robb: I think that's it.

Nicki: That's our last question. Okay, any final parting thoughts?

Robb: No, definitely encourage folks to check out those articles. I know I'm totally over COVID, but COVID is not over with us and the people that are running the show are not over with us either. Again, I really try to just barely dip my toes into this stuff because it'll make me epileptic to the point of non functionality. I get so angry about it. And really we just need to chop wood, carry water, take care of each other, take care of ourselves, and just keep motoring forward. But there's something going on here and the normal course of a viral evolution is that the thing becomes more and more benign with time almost a hundred percent of the time. Because the goal for it is to replicate, not to kill people. And we still are seeing significant health problems for people. There's some hubbub about China opening up a little bit because people freaked out about people getting welded into their houses.

And then when there was an apartment fire and people dying, people rightfully lost their fucking minds. And now it's looking like their hospitals are getting overwhelmed with people sick from COVID, ostensibly. And this stuff is going through the roof. This isn't the normal natural history of a viral epidemic or pandemic. And it's largely because, most likely because, we tried to get in there and monkey around with a leaky vaccine, mid-exposure. And there were warnings about that and they were completely ignored. And even our opportunities to have control, I'm unvaccinated, like the unvaccinated should have been studied, the vaccinated should have been studied.

Nicki: Like a control group, you mean?

Robb: As legitimate controlled groups and shouldn't have been harangued and harassed into submission. And so now we're operating with just absolutely shit information. And it's possible a lot of people are going to die from it and a lot more people are going to die from it. And we just get in and give those things a look and have it ruin your day the same way that it did mine.

Nicki: Oh geez. We hope it doesn't ruin your day folks.

Robb: Hopefully it doesn't ruin your day, but we do need to have a discussion around this. Let's either put this notion to bed because there isn't a signal here, or if there is a signal here, then let's do something about it.

Nicki: Sounds good. Folks, please check out our show sponsor LMNT. You can grab yours at drinklmnt.com/robb. Grab a value bundle, buy three boxes, get the fourth box completely free. Again, that's drinklmnt.com/robb.

Robb: Bye everybody.

Nicki: See you next week.