

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 1 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+.

Robb: Howdy folks, welcome back. Howdy, wife.

Nicki: Hello. Welcome to episode 150 of the Healthier Rebellion Radio. 150. It's a milestone.

Robb: It is like a milestone. Only, not a milestone. No. Yes, it is.

Nicki: It's a nice healthy number. We thank you all for tuning in again for another episode. Let's see, we had an interesting day yesterday. We did a bunch of yard work, kind of burned some fallen debris from trees and kind of just cleaned up the yard a bit, which was nice because we had a beautiful sunny day. But throughout the entire day, Robb kept singing this song. Do you want to share your dream that you had the night before?

Robb: I had kind of a wacky dream in which the National Salmon Institute...

Nicki: Is there a National Salmon Institute?

Robb: No, there is not. I checked. There is no such thing. But in my dream, there was a National Salmon Institute, and because of my work in protein centric diets and regenerative agriculture, they wanted me to be part of their next AG campaign. And so they basically came to me and said, "Dance, monkey, dance." And so the thing that I came up with was a remake of Bob Marley's, Jamming. Only...

Nicki: With salmon.

Robb: With salmon.

Nicki: And so all day yesterday.

Robb: We hope you like salmon.

Nicki: Salmon in the name of the Lord.

Robb: All day.

Nicki: The whole day. It was something else.

Robb: I wouldn't recommend it.

Nicki: I had weird dreams that night too. I was dreaming about scorpions for some reason. Scorpions that carried all their babies on their back and they all hatched out and were screwing across the floor.

Robb: John Boone made us drinks the night before.

Nicki: I don't know what was in...

Robb: He roofied us or something.

Nicki: Those beverages, but something. All right. I did have an announcement today. You all have heard us mention our dear friends, John and Brittany at Go Roam Free, they're the folks that did the big bison roast that we mentioned on a couple of occasions. They actually have a product in Costco, in some select Costco locations. It's a bison chili Colorado, which is amazing. And it's hitting the shelves in San Diego, Arizona, Colorado, Albuquerque, and St. George, Utah, as well as Las Vegas.

So Costco does these things where they'll put something on the shelf for a few weeks, kind of see how the customers respond to it, see how sales are, and if sales are good, then they will choose to expand regions and keep it on the shelves for longer. So if you like bison, that's been regeneratively raised by our dear friends, John and Brittany, and you live in one of these areas, San Diego, Arizona, Colorado, Albuquerque, St. George, Utah, and Las Vegas, it would be wonderful if you would were to try their bison Chili Colorado.

I guess it's going to be on the shelf from now until mid-May. So they just have about one month to prove to Costco that their members love it. So if you're so inclined, grab some and give it a try.

Robb: I'm trying to think. Our girls have loved their bison chili.

Nicki: They have a bison chili that they had in the winter, more in the winter months, which was excellent. And then this one's Chili Colorado,

Robb: Which is green.

Nicki: The Chili, is it green? I don't think so.

Robb: Yeah, Chili Colorado is green.

Nicki: Traditionally it's green, yeah. We actually haven't tried it yet. We're

getting some this Saturday.

Robb: No, no. I'm thinking of Chili Verde, Chili Colorado is red.

Nicki: Yeah, I don't think it's, because I saw the pictures and the images she sent me.

Robb: It's red.

Nicki: They're not stocking it in Montana, so we can't go out and grab it here yet anyway. They did keep the bison chili here in our Montana, Costco. So if this goes well in these other regions, then I expect that we'll see it here. But we're going to see them this weekend and she's going to bring us some to try.

Robb: And, again, that's in St. Diego, Arizona, Colorado, Albuquerque, St. George, Utah, and Las Vegas.

Nicki: And Las Vegas. Yep. Okay. Any other things up front before we jump in, hubs?

Robb: Nope. It's all outback. Nothing up front.

Nicki: Is that like a mullet?

Robb: Something like that. Business up front, party in the back.

Nicki: Okay. So let's see here. Our news topic today, it's a paper from, is it Nature? Is that right?

Robb: Yes, I believe so.

Nicki: Yeah, nature.com titled Incident Type Two Diabetes Attributable to Suboptimal Diet in 184 countries. You want to dig in there, hubs?

Robb: And so tip to Nina Ty Schultz, I think she was the first person that I really saw put some analysis onto this. And in the paper, we'll go back to that paper. It was, again, one of these kind of food frequency questionnaire type things. So potentially fraught with some problems. But what they see here, largest type two diabetes burdens were attributable to insufficient whole grain intake, excess refined rice, and wheat intake and excess processed meat intake. These are the things that according to their data, were the primary...

Nicki: It's so funny, they lead with this, "The global burden of diet attributable type two diabetes is not well established." When they say that, are they saying where it's coming from or just?

Robb: The exact mechanism, they're claiming.

Nicki: Which seems like it is fairly well established.

Robb: There's still uproar. If you really get into the very... I'm trying not to have a disparaging term here, but there are sections of the low carb world that insist that it is only carbohydrate intake that the driver. There's the Lipotoxicity Model, which I'm more a fan of, which is overall excess eating is going to be the primary driver. We lose insulin resistance as we start basically sticking fat in every tissue of the body, including the pancreatic beta cells and in the liver. And we end up with insulin resistance. And then that's where things really take off.

The thing about that is refined, and people will point out that we're definitely eating more calories than we have in the past. They will mention that we're eating more fat than we have in the past. It's true, but people generally don't just spoon fat into their pie hole of some sections of keto and carnivore land.

Maybe you see that. But this is where it's kind of funny because it's like, okay, the total caloric burden is probably at least partially or primarily attributable to increased fat intake, but that's always on some sort of a processed carbohydrate. And this is where this shit just gets kind of silly. And it's funny because they're saying, "Insufficient whole grain intake, yet excess refined rice and wheat intake."

It's like, who doesn't eat? I guess some people eat brown rice, but when you look at the glycemic load of brown versus white rice, it's virtually indistinguishable. Even when you get into eating the pearled barley and stuff like that, the problem that people really run into is when we get hyper palatable, complex meals that are easy to overeat. So anyway, and then they've got to get their little dig in there on process meats.

And Nina had a tweet, which we've linked to the original Nature paper, and then also some of Nina's analysis on this. The paper uses a Gates Foundation database from the Global Burden of Disease, which had an inaccurate findings on red meat before. For example, they said that, "No amount of processed red meat was safe." The authors admitted this finding was incorrect, yet they did not retract the paper.

So this is just a rehash of that original dubious scientific publication. And in some ways for our crowd, this is kind of pedestrian and passe, but it's always worth having these things and a bit of analysis because there are always new people coming into the fold. We always have family members and friends that say, "Hey."

Nicki: The latest headline, like

Robb: Did you see this latest headline? And all that stuff.

Nicki: Yeah, meat's going to give me diabetes even though it has no...

Robb: Well, and Nina in that thread went on to show overfeeding studies with meat specifically and protein more broadly, and it consistently improved glycemic response, improved blood glucose levels. If you have a macronutrient of interest, protein generally and kind of meat more specifically is probably not the place that you want to look for the big problems.

Nicki: Okay. We will link to both that paper and Nina's tweet thread in the show notes. And the Healthy Rebellion Radio is sponsored by our salty AF electrolyte company, LMNT when you're feeling tired or in need of an energy boost, most people reach for more caffeine, but your body could be telling you that you're dehydrated and in need of electrolytes.

Esther, who's a member of the LMNT team, shared a text she received from a friend who recently started drinking LMNT and the text reads, "I am on day four of two to three packs of LMNT a day. Today my mind is wanting a second cup of coffee. I normally jump from adrenal boost to adrenal boost via coffee all day, but my body is totally disinterested. Did I just give up my coffee addiction for being properly hydrated? Because that's fine, but I didn't get to say goodbye." I thought that was so funny.

So if you are like Esther's friend, you too can stop jumping from adrenal boost to adrenal boost with coffee. Don't grab more coffee. You might just need more electrolytes. Give your body what it needs. You can grab your element at drinklmnt.com/robb. That's drink L-M-N-T dotcom slash R-O-B-B. And Robb, did you know that it is T minus four weeks to grapefruit season?

Robb: Couldn't happen quicker.

Nicki: Fasts enough, I know. I'm down to my last five pack packets. So today we are going to tackle a single question. This is a very long question.

Robb: Well, it's a lot of stuff from a single person.

Nicki: Yes, that's what I mean. This question came in from Becky. She prefaces it with, "I am so sorry about the length. I truly tried to whittle it down. I think I'm giving you too much information and I hope I don't disqualify myself over the length. And also thank you in advance for your help."

So we're going to answer just this one question for this one inbound inquiry we got from Becky. It touches on a whole host of things from weight gain, inflammation, cholesterol...

Robb: Perimenopause.

Nicki: Perimenopause, cardio. So we figured, even though it is a big meaty question, there's probably something in here that a lot of people will get something from some portion of this giant question. So that's why we decided to

tackle it. So we'll start here and I'm going to chunk it up. I'm not going to read the whole thing at once because, again, it's quite long. So I'm going to read one long section first and then we'll dig into that and then I'll read the other long section.

She says, "Hi, Robb and Nicki, I have been bingeing on your podcast lately and as it turns out, I have a question, actually more than one for you. I'm going to be 46 in June. I have worked over 25 years in restaurant kitchens, so a lot of physical work and standing on my feet all day. My husband and I reside on Cape Cod, which is hot and swampy in the summer. Therefore, the kitchen environment is hot and swampy and depleting in every way.

At age 34, 35, I began going into perimenopause and I've officially been in menopause since June of 2022 at the age of 45. I tried for years to get my period back. I'd been vegetarian, sometimes vegan for about six years, and then I switched to paleo intermittently for a few years plus acupuncture, Traditional Chinese Medicine, plant paradox, medical medium, dozens of whole 30s, et cetera. I've tried it all though, none for more than a month or two.

The past few years have found me 60 plus pounds overweight. I'm five foot three and a quarter and currently weigh 188 to 190 pounds. I'm sore, stiff, weak with thinning hair, lack of mobility, and feeling depressed. I have sleep apnea. I'm going on one year with my magical CPAP machine, though lately that has seemed to level off and I am waking up tired again.

I had blood work done on January 31st that revealed high cholesterol and stagnant liver function with glucose on the high level of normal, which my doctor seemed to think was fine. It was 93/99, total cholesterol, 206, HDL 41, triglycerides 83. And then some liver numbers also. also higher blood pressure than I'd ever had, 138 over 80, usually doctors exclaim over how great my blood pressure is.

So determined to get my health and vitality back, I reread your two books. Robb and I decided to dive back into paleo but cut out all carbs and I had already been booze free since December. I started intermittent fasting most days, lifting weights a bit, but still avoiding cardio, which I despise.

When I increase the animal protein though I tend to stop pooing regularly. I was vegetarian for a few years and had no problem moving things out, but I feel that is what precipitated my descent into metabolic haywire. I've been supplementing lately with magnesium minerals, vitamin D, A, K, and E, some TCM herbs for liver support, and I've been on the lookout for good digestive enzyme. I had given up coffee for nearly a year because it was making me hot and anxious and I thought it was a factor in my hair shed. But lately I started mixing a little coffee back into my Rasa along with collagen, which I just started using again. I started eating a lot of full fat cottage cheese for more protein, the only dairy that doesn't seem to make me phlegmy. Then the past few weeks, some wine here and there.

I got my second round of blood work done on April 4th and my cholesterol went up though my liver improved." And then she says, "She didn't test my glucose again. I do have heart disease and high cholesterol in my family. Did my cholesterol go up from wine even though my liver improved? Cottage cheese? Not really exercising? All of the above?

After I read your books again, I asked my doctor to authorize for A1C, LDLP, and CRP, but she refused. I see her again at the end of this month and I'm hoping she'll agree to the other test after seeing my cholesterol jump."

Okay, so we're going to stop there and dig into this section here.

Robb: You had some prompts down there.

Nicki: The first thing that sticks out to me clearly with the early onset of perimenopause and menopause is, I'm not sure, Becky, if you are working with someone regarding hormones, but that seems to be the weight gain. A lot of this stuff could be tied into the hormonal profile that you have right now.

Robb: It just makes it so tough. If the hormones are off, man, you're just swimming upstream with regards to leaning out, good sleep, hunger control. It really does make things more difficult.

Nicki: Inflammation, everything.

Robb: Yeah, inflammation, the whole nine yards. We have some people in the Healthy Rebellion, they're quite knowledgeable on that hormone side. There are other good folks out in the functional medicine space. It is not something that generally is picked up by insurance, although that will vary from situation to situation. But I would definitely do a deep dive on that. I think Nicki is spot on with that, looking at the hormone situation first to get a baseline of what's happening there.

Nicki: So that seems like numero uno. Figure out who you can find that will actually do a full panel look at everything. And, again, we do have some people in the rebellion that do that so if you want to ping me for some referrals, we can do that. The other thing that stuck out is the lack of pooping regularly with the increased protein.

Robb: I forget what the exact spread was, but there's a paper that looks at normal human pooping frequency and it's anywhere from three times a day to every three days is considered normal. And what's normal is basically what's normal for you.

I do know that as people increase protein, that can decrease peristalsis to some degree in the gut. Sometimes you're just not eating as much fiber which moves things along. And I guess the way that I would look at this is are you

feeling backed up, impacted, constipated? That's something to definitely keep an eye on and sometimes that will just takes a certain amount of time to change.

I remember when Joe Rogan went carnivore, he actually had diarrhea for three weeks and then day 21 of his tinkering, everything normalized and he ended up pooping once every two days or something like that, which is very typical for people eating carnivore because there's effectively no plant fiber. Technically there is some fibrous type stuff that's part of animal material and you do form a wee little nugget every once in a while with that. But I guess I wouldn't necessarily say that the decreased frequency is a problem specifically just because it's decreased frequency. I would go more by are you feeling bad as a consequence?

And then a thought around trying to triangulate in on what's going on. Precision Health Reports, which we've done work with in the past, I can't recommend them enough. They will provide a really deep insight into your metabolic health when you go through their program. It will give you a sense of your 10 year risk for developing type two diabetes as well as cardiovascular disease. It includes an A1C, it includes an LDLP. People can do an APO B in lieu of the LDLP, but I just really like this material because it gives you a great snapshot into your metabolic health.

Again, this is going to be out-of-pocket stuff, but for brevity, I think Nicki didn't read above, but Becky asked her doctor to order some of these other tests and the doctor refused because of insurance and coding. You can still get things like this. It's you have to pay out of pocket for it and sometimes the doctors are a pain in the ass to help you do that. So the Precision Health Reports, you can go directly to a Lab Corp, get a blood draw, and then they can help you get that done. And so I would recommend doing the Precision Health Reports and then finding somebody within the functional medicine space to do a comprehensive hormonal profile too.

Nicki: What was I just going to say? Oh, one thing I was going to mention too on this cholesterol, because she got her first round of testing in January and then this most recent round on April 4th, and she does have an increase in her total cholesterol by, let me go up, 40 points and HDL dropped by eight.

We were just talking to someone a couple of days ago who had pre kind of intervention blood work and then at the three month mark had it again, and you've said this time and time again, sometimes at the three month mark things don't look markedly better. They don't look the way that you'd expect.

Robb: If the person's leaning out and whatnot. I don't know if she's doing enough to warrant. Usually when we see that it's when people are losing non-trivial amounts of body fat. And it's disheartening because the person gets initial blood work. They have this come to Jesus moment where everything looks really bad, they modify their diet, they sleep better, they start exercising, then at three months they get their blood work done again and now it looks worse.

And then they're kind of like, "What the fuck?" And within the clinic in Reno, we ended up punting on the three month checkup in lieu of the six month checkup. And typically things have kind of normalized and stabilized by that point. And then it's not kind of a gut shot in that regard.

Nicki: You made a good point. This doesn't seem to be the same case for Becky because she's still struggling with the inability to lose weight. So it's probably not the same thing going on.

Robb: She asked about could the wine increase the cholesterol? Not usually. We have seen dairy fat increase cholesterol in some people and kind of markedly so. I don't know if the full fat cottage cheese is a driver of that, but it is a thing. The dairy fat in some people does drive up cholesterol numbers and whether or not that is at the end of the day, a total increase in risk profile is up to whether or not you buy into the purely lipid driven, gradient driven atherosclerotic process. Or if you're more got a foot in the vascular endothelial camp or if you're kind of like me and you think it might be a bit of both.

Nicki: Okay. So those are the first things that jump out at us. So finding somebody to help look at your hormones, you can retest your blood work with Precision Health Reports. The pooing is probably just going to have to have to monitor that monitor and see if that's a constipation issue or it's just not as regular as what you're used to. And that's what kind of throwing you off. Definitely trying to shoot for one pound of protein per...

Robb: One gram of protein.

Nicki: One gram of protein, sorry. Yep. Reversing that there. One gram protein per pound of lean body mass. So definitely want to prioritize that. We're going to jump into another section of her lengthy question. This part deals with when to eat and how to train given her crazy work schedule.

So she says, "I work from around one to 2:00 PM to 10 to 11:00 PM, five to six days a week. Eating on the job is a no-no. Although we all graze on the down low. I could take a break in theory, but simply don't have time. Most shifts, I don't have time to drink out of my water container that's right in front of me. I bring a gallon of water with two to three LMNT packs in it to work.

An average shift leaves me hot, sore, sticky, thirsty, and anxious. So in terms of intermittent fasting and exercise, if I wake up at, say 9:00 AM, and feel like absolute roadkill by the way, and both feet are on fire from pinky toe bunions and I need to be clocked in at work by 1:30 or two, that leaves me four and a half hours to get all my meals in, exercise, and spend time on soul fulfilling hobbies. I try very hard to not eat or I have a drink when I get home from work, but sometimes I'm ravenous or am I just dehydrated and anxious? They kind of feel the same.

And then as we slide into the bus busy summer season, I'm having a drink every night. So what, when, and how much do I eat during the day? If I'm going to eat after work, what type of macro situation should I have? I've thought about bringing meat sticks or homemade collagen gummies into work, but then I'm snarfing them in the corner between tickets and I'm most definitely not in a parasympathetic state. So in that case, is it better to just be hungry? Also, the siren song of the bowl of salty french fries beckons all night, which we all pick out of.

I feel like HIT training three to four days a week, heavier weights and less reps with maybe a yoga class or two or three mixed in is what I need, although I need to actually do it. But my husband thinks I need to jog for an hour five days a week and lift lighter weights with more reps. He says, "I need to do so much cardio that I puke." I'm not liking the sound of that. Is there a happy medium somewhere or am I just a whiny baby? I keep hearing you mention zones for cardio and I'm not sure what that means?"

Robb: You had a pretty good sense of how you wanted to dig into this.

Nicki: This one's the tricky part and it might be more of a tough love part. First of all, she says she could take a break in theory but doesn't have the time. What you're describing is on your feet in a hot, sweaty, bustling kitchen with no time for a nine hour chunk of time and inability to eat or even drink, which is not sustainable.

And what you've described with what's going on physically, if your body were a house, there's some smoke signals happening here, there's stuff that's not optimized, not working well, you're inflamed, you're achy...

Robb: Some hair loss.

Nicki: You've got hair loss. Lots of stuff is not working the way it should. So it's your body's way of saying, "Hey, we got some shit going on here and we need you to focus on this stuff." And I get that that's what you're doing and that's why you've reread Robb's books and you've written this question.

But I guess my tough love thing here is this, and I know you've done this work for a really long time and is and job you've had for forever, but you might consider that it might not be really congruent with your health right now. And I'm not sure what that means. I'm not sure if it's feasible, but I was just kind of reflecting on if you had something really serious happen in your life, you might have to make a change. And that's not here yet, but you've got a lot of this stuff kind of bubbling to the surface and so it might be something to consider.

And/or, if absolutely this is, you love this job and you're not open to considering doing something in a different field or just doing something differently with a better schedule that would allow you to prioritize your health,

then you absolutely need to prioritize taking a break. You have to be able to hydrate in this hot humid environment. You have to be able to get in some amount of food so that you're not getting home near midnight and then trying to decide whether to eat or not to eat before you have to sleep and get up and do the whole thing again.

Robb: Totally agree and I know that that's a lot. And saying this with nothing but love for you and understanding that these work situations can be really challenging. I've worked in a lot of restaurants and I know that it can turn into this scenario where there's not really a good place to take a break because you're either line of sight with customers or you're line of sight with coworkers and they're kind of looking at you like, "Well, shit, we're buried here and what are you doing?"

Nicki: If you were a type one diabetic and you had to go give yourself insulin injections.

Robb: And food.

Nicki: Or you had some other situation where you had to medically give... It's almost the work that you're doing in your 20s charge it, right? You can typically handle this type of work, but you're now in your mid 40s and you've got these health issues that are bubbling to the surface. So it's sort of like, "Okay, I either need to prioritize how I'm going to get what I need, which is food and water and rest during my shift, or, "I need to figure out if there's some other type of work that I can do in lieu of this."

Robb: So again, if you choose to maybe head into a different line of work that would maybe be a little more amenable to your health, that's great. Might take time to transition, it might not happen. So in lieu of that one consistent thing that I've seen is the inconsistency in application of these interventions. You mentioned starting and stopping lots of Whole 30s and things like that. This is super common. This is not a dig on you at all, but we have to find something that you're going to stick with long term. And I don't know what that is.

Nicki and I have been getting up and our garage is kind of cold and kind of dark, but we have a TV in it and we've been getting up and watching some spy shows and stuff like that and doing some zone two cardio. And I do have a resource for being able to track that that I'll mention here in a minute, but if you want to lift some weights, that's great. If you want to do some body weight calisthenics, that's great. There are a zillion different resources online for getting training.

The main thing is that you've got to look within yourself and decide what is it that you're going to do. And for a lot of people the drive to a gym can be freeing, it's liberating. You have some time to yourself, you can shower, you can sauna and get your workout in and you get it all done in one spot. And for other people it's just the 13th thing out of the 12th things you need and you can't do it.

It ends up making it a problem.

So that's where you need to convert a part of your garage, part of your living room, whatever little, I think, Pavel Tsatsouline calls it the Courage Corner where you've got some kettlebells and TRX and you get your workout in, but you've got to figure out what that is that's going to work for you. I think some zone two cardio.

Nicki: Talk about that.

Robb: I really, really like the Morpheus Training Platform. I don't have any type of financial relationship with them. It's a trainwithmorpheus.com. When you buy this thing and it's 130 bucks, 140 bucks, something like that, you get a monitor that you check your heart rate variability score in the morning and it gives you a readiness score. And then you've got a chest strap heart rate monitor. You have an app that you put on your smartphone and this thing will tell you how recovered you are and it gives you a sense of how hard to go on any given day

Nicki: And you're not doing so much cardio that you puke.

Robb: Not at all.

Nicki: That piece you can just, it doesn't have to be, especially in the beginning, right? You're going to be getting into shape and you're going to be... It's just getting moving, getting your heart rate up for a sustained period of time, and incrementally doing that day by day.

Robb: And clearly that's going to be probably an early in the day thing. So we would ideally figure out a schedule that you're going to keep, whether it's doing some cardio one day, some strength training the next day, and then just rinse, lather, repeat. Maybe it's some mixed modal stuff, a little bit like CrossFit. But again, I think the nice thing about using that Morpheus Training Platform is it will tell you when you're going too hard, your heart rate gets up into the red zone and it basically tells you to back down. So it's very handy in helping to regulate so that you don't burn yourself out and it becomes miserable and you want to stop doing that stuff.

Then you would have a really, really good breakfast. And ideally then you, and not ideally, it just has to be a non-negotiable feature. You get a lunch at work and ideally your breakfast is pretty sizable, your lunch is pretty sizable and you might be able to get by with that. But then if you want something after work because you've had a decent stretch there, this is where a salad or some veggies with protein is fine, we would prefer not to eat right before going to bed, but you're getting off work at 10 or 11:00 at night and this is where we're just going to have to be tighter on this stuff. If you have a drink, try to make it intermittent. Try not to make it every day because it does...

Nicki: Impact your sleep.

Robb: And there's just no two ways around that stuff. But we need to figure out a plan for your exercise. And, again, this is keeping in mind all the stuff that we mentioned before with checking hormones and all the rest of that, but ideally looking at maybe a career change, short of a career change or in lieu until that can happen, getting up, getting some exercise in, getting a really good breakfast.

Nicki: Prioritizing protein.

Robb: Prioritizing protein.

Nicki: Especially if you're maybe only going to do two meals, that breakfast needs to be 50, 60 grams of protein.

Robb: Well, and this is where looking up your energy needs on the keto gains macro calculator and we can put a link to that and then grabbing something like the free version of chronometer and really input what you're reading so that you get a sense of if you're in the strike zone hitting your protein minimums, not going overboard on the total caloric load.

Nicki and I have been doing some tracking with that and it's super helpful. It is easy to overdo it, unfortunately. And then for somebody as busy as you can under eat generally, and then when we rebound off that, then we go crazy with the plate of french fries or whatever is handy.

Nicki: So she's talking about intermittent fasting, but given her schedule, are you thinking that and just generally?

Robb: She's intermittent fasting anyway because she's just busy and this is where get up, do some fasted cardio but we're not doing it. Or fasted workout if you're okay, or maybe just a quick protein shake or something like that. We're not doing it specifically for the sake of being fasted. We're just doing it for time expediency. It's get in, get that workout in, get that first meal in. And it's going to be a sizable meal.

If we could rig it up so that you only have two meals or maybe it's two meals and a snack, maybe the first meal is 40% of your calories for the day. The second meal, your lunch, is 40% of your calories for the day. And then we only have 20% of the calories left for the day for that small before bedtime meal.

Nicki: So it might be two sizeable hamburger patties with some shrimp.

Robb: Veggie wrapped and all the rest of it.

Nicki: The tricky part is getting that much protein in it once you're, you're not going to want it to all be the same thing.

Robb: Usually.

Nicki: Most people kind of struggle with that. So having two different protein sources can help make that a little bit easier to get down.

Robb: And I think those are the biggies.

Nicki: Those are the biggies here.

Robb: It's a lot.

Nicki: It's a lot. And if you didn't have these kind of underlying kind of signals that your body was giving off, it's like, "Okay, this is tough. Here's how we're going to work with it." But the reason why I went that tough love route and was like, "Maybe you might consider something else?" Is because you have your sleep, you're struggling with your sleep, you're waking up super tired, you're using a CPAP, all of this stuff is only compounding on top of each other. And so it's like we got to get to the root cause-

Robb: We have a great opportunity to intervene here.

Nicki: ... of all that stuff before something just gets worse. Let's see, I'm just seeing if there's anything else I wanted to share here in her... So normally, so this is seasonal work and so she has winters off, so she usually tries to wrangle her health back in line before the madness of summer. So it's kind of this merry-go-round of it gets dialed in during the winter, craziness in the summer. But she says, "I'm tired of this merry-go-round. I want to be healthy and sustain my vitality all year long." Which props absolutely 100%. That's what we all want.

A little bit about menstrual cycle irregularity. Again, finding somebody to really work with you on hormones. She said, "Did I mention tongitis, the kitchen version of tennis elbow in both arms. In 2017 it was so bad I couldn't shift the gears in my car. Basically I'm just inflamed, stiff, tight, and contracted. I know I need to stretch more or roll on my foam roller or fascia balls, but then I think so much about what I need to do, I don't do anything and end up sitting in my chair all day dreading work."

One thing, if you find yourself in this paralyzed spot of, "It's too overwhelming, I don't know what to do." Put your sneakers on and just go for a long walk. Just get outside whatever time of day it is. If it's raining, pouring down rain, put on a rain jacket, put on a hat and go for a walk. Walking can be so good for just clearing the mind. And it's also helping move your body, which is paramount. We have to move our body. So that's definitely way better than sitting in your chair dreading work. You can think about it while on your walk, but go for a walk. The tennis elbow stuff again, a lot of that inflammation could be related to just dietary stuff.

I would definitely work. There's definitely some mobility stuff that can be done. Robb had an elbow situation for a while and the Basis folks at Basis Health

and Performance, Aaron Grayson helped a ton with that. You can look up on YouTube, actually, I'll put a link in the show notes for a car's routine. There's elbow cars. So some just a really basic movement you can do without any equipment. Or if you want to eventually progress to using a band or weight, you can, but I think there's some stuff that you can tackle to kind of help that.

But overall, decreasing your inflammation, improving your sleep, decreasing your stress levels will help in that regard also.

Robb: And we could go on, but that's a lot to unpack and a lot to implement from here too. But again, I can't emphasize enough. You just need to find what the strategy is that you're going to do and then you just, come hell or high water, you stick to it.

Nicki: And, again, think about if you were newly diagnosed type one diabetic or you had something. We have a friend whose son was just recently diagnosed, and so they have this whole new life, they've got to check blood sugar and they've got to give insulin shots and certain dietary and it's the thing.

You have a lot of smoke signals going on. It's sort of like, "Okay, here's my plan and I'm going to stick to it because otherwise what's the cost if they didn't do this for their son?" If they didn't track everything carefully and didn't give him the insulin, it's not a good outcome. So you've got to... I'm not exactly sure how to say this, but when I was vegan and I didn't want to eat something because it had animal food in it, I always thought, "Okay, that's toxic or that's bad for me." And I just stuck that in my head that I'm not going to touch that. And it's almost like you need to do a similar thing for yourself.

It's mentally kind of trick yourself into, "I'm doing this because this is a must for my body and I'm not going to touch that because that's only going to contribute to me feeling how I don't want to feel." And so really, I don't know, I guess using whatever mental model mind tricks that you can come up with to help move you in the direction that you want to go.

And again, that just for today, thing that we've all learned from Coach Cinnamon Prime and we've used in our resets in the Healthy Rebellion. It's just for today, I'm going to take a walk and just for today, I'm going to make sure that I drink my gallon of water at work, even if I feel crazy and stressed every time I walk by this counter, I'm going to take a sip or I don't know, whatever kind of little markers you can use to remind you that this is a thing that I have to do.

Robb: Keep us posted, circle back, and let us know how you're doing. We really want to see you succeed here.

Nicki: Absolutely. And again, we'll put links in the show notes to that Precision Health blood work that you can get. It's actually pretty, I can't remember the pricing.

Robb: It's 150 bucks.

Nicki: It's under \$200 and it's all the testing that you need to figure out what might be going on there. And then the Morpheus Platform, and what else did we mention? All those things will be in the show notes.

Robb: Yep.

Nicki: Okay. That was a big question.

Robb: It was a lot. And a part of the reason why Nicki wanted to tackle this one is we feel like a lot of people are in situations like this where they've got a lot going on and the health is kind of coming unraveled at the seams and it's not a simple thing to unwind. And we can oftentimes have years of patterns with what we've been doing and our bodies are incredibly resilient and it can take an ass kicking until it can't.

And I think that that's a lot of Nicki's point too, is that the gift here is that there's a lot of early warning signs going on, but nothing is egregiously broken yet that we can't pull this back from the edge and get you in much better shape and have a much better quality of life. But stuff has to change. It has to happen.

Nicki: And a lot of people make really hard decisions on stuff like this and they just come to the point where, "I've done this work for 25 years, I enjoy it. I'm good at it." When you've done something for so long, it's hard to imagine doing anything else, but it can also be really freeing to change gears.

We know my brother-in-law, we know lots of people who have come to a point in their career where it's like, "This isn't serving me. This is too much stress, anxiety. I'm not the person I want to be with my family because of the stress, because of this workload. I'm not able to train and do the exercise the way that I want to because of the demands of this job."

And I think we get so used to being like, "Well, this is my job, this is what I do." But I don't know. You know, made that comment, "You want to be healthy and have vitality all year round." There might be some soul searching here and I would just, I'd be open to it. I know that can be really scary and unknown, but we've got one life. What can you do to just really live the way that you want to live now for the rest of your life?

Robb: Cool.

Nicki: Okay. That's enough. We're rambling on that one. Becky, best of luck. Please keep us posted. I think that's it. Any other parting thoughts, Robb?

Robb: I think I dispensed so much wisdom and was in the presence of so much wisdom that I have nothing left.

Nicki: Okay. Must be because you were channeling Bob Marley in your sleep the other night.

Robb: Could be.

Nicki: All right everybody, thank you for joining us. Remember to check out our show sponsor, LMNT, for all your electrolyte needs. We've got a flavor for every taste bud. And you can grab that at drinklmnt.com/robb. Remember, if you buy three boxes, you get the fourth box free. That's drink L-M-N-T slash R-O-B-B. And we'll see you next week.

Robb: Bye, everybody.