

Nicki: It's time to make your health an act of rebellion. We're tackling personalized nutrition, metabolic flexibility, resilient aging, and answering your diet and lifestyle questions. This is the only show with the bold aim to help one million people liberate themselves from the sick care system. You're listening to the Healthy Rebellion Radio.

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Robb: Welcome back, everybody.

Nicki: Hello. Hello. Good morning. This is episode 156 of the Healthy Rebellion Radio, middle of June. Little bit of a cool, cloudy rain here in northwest Montana.

Robb: Mixed with a hint of sun.

Nicki: Mixed with a hint of sun, thankfully. Yep. A lot of good feedback on last week's episode with John Welborn, so thank you for that. Before we get in, I have something I want to read from a listener that wrote in with another resource for folks. I want to share that, but before we go there, I thought we would give a little update on Baby Bird, just because I know people might be curious.

So Baby Bird passed away on day seven, so it was a very emotional and tough time here in the Wolf-Letti household. Zoe understandably was completely crushed. It appears that he may have had something called gapeworm, which are these little worms that can kind of attack the trachea in birds.

They're common like turkeys and they can get into chicken flocks, but Starlings apparently are notorious for having them also. When we first got him and not knowing any better, one of the first things we fed him was a worm. And apparently that's a big no-no. They can carry parasites, but then reading the timeframe for, from eating a worm to developing this gapeworm problem is longer than we had the bird. So I think if it was that-

Robb: I think he arrived with it.

Nicki: Yeah. If that was in fact what he succumbed to, then he most likely arrived with it.

Robb: But God damn if we didn't try, the little guy gained weight for the first three days, the first four days.

Nicki: First four days, and then he went from... So he was 28 grams and then 29

grams and then 30 grams, and then he got up.

Robb: Got up to 31.

Nicki: Got up to 31 grams, and then it was back down to 29 grams. And that was kind of a sign that something was wrong. And then he kept throwing his head back, both shaking it side to side, but then also throwing it back. And Zoe was like, "I think he's trying to get air," and he stopped peeping as much, so it was just sort of this protracted or just stepwise downward trend.

Robb: Well, and you found an old forum that talks about all this stuff, and so it took a couple of days to figure out what the gapeworm was, and then it appeared that Ivermectin could be a treatment. We poked around to see if there was any veterinary options on that and there wasn't-

Nicki: Again, nobody will take... It's an invasive non-native bird that people are trying to eradicate typically, at least here in North America. And we're not going to go spend hundreds of dollars to-

Robb: Right.

Nicki: This bird was, I wouldn't say this in front of my daughter, but we didn't expect it to live anyway.

Robb: But we did have some Ivermectin and it took me about-

Nicki: You did.

Robb: ... an hour to figure out how to-

Nicki: We have take a friend in Texas who's a veterinarian because Robb was searching for the dilution conversion.

Robb: Well. I needed to know what the milligram per kilogram dose was.

Nicki: So our friend-

Robb: And I couldn't find it anywhere.

Nicki: It wasn't online, but our friend in Texas who's a vet, pulled out a textbook and sent us a screenshot of that.

Robb: So then once I had that, I was able to work backwards from what we had currently and I had to figure... It was a massive dilution because I was dealing with something that's usually given to cattle and sheep, and I had delude it to a 31 gram bird. And usually in the birds, you're dealing with a one or two kilogram bird at least. And so there was-

Nicki: Some math going on.

Robb: I had a solid front and back page of conversions to get this thing there, and we got some down the little guy, but he didn't make it.

Nicki: It was a little late. And again, we don't know that that was for sure what he was dealing with, but it seemed from all of his behavior lined up with what that looks like online. So anyway, so lots of discussion about grief and loss and all of that.

Robb: But she's so impressed with that kid. She not once wavered from the duty that she set before herself and things like that are really intense. Death in general is intense, caregiving something that is dying or newly born either side, some of the most intense stuff that you can ever experience in your life. And she got a heap and dose of it really, a week of during the waiting hours-

Nicki: All the intensity of a newborn and all of the...

Robb: And none of the joyous upside ultimately of success there. But super impressed with her. It was a lot.

Nicki: Yep.

And then we buried the little guy next to our cat that we lost a couple years ago. Okay, so moving on. We had a listener named Joey who wrote in, and I wanted to share this because it's a resource that his son found very, very helpful, and they've also shared it with other people who found it helpful and I know some of you are dealing with post-concussion syndrome and whatnot, so this might be an additional resource for you all.

Hey, Robb and Nicki. I'm a longtime listener and I thoroughly enjoyed the Salty Talk podcast with John Welborn. John's experiences and recovery from TBI were very helpful. My now 16-year-old son struggled with the effects of post-concussion syndrome in middle school. Before diagnosis, he regressed lost weight and practically withered before our eyes. We had him evaluated by essentially all types of pediatric specialists without any diagnosis.

I'm a physician, so I know how to navigate the medical system for better or worse, with no answers and no results, we sought evaluation with a functional medicine doctor. She quickly zeroed in on his history of concussions as the cause of his symptoms. After doing further research on our own, we found a place in Provo, Utah called Cognitive FX. We registered our son for two weeks of therapy there and it was completely life-changing.

He has his life back. He will not be able to play contact sports in high school, but he is functional again. I don't have a question, but I just want to mention that as a resource for people suffering from chronic post-concussion syndrome, I don't work for CFX, I don't have an ownership interest in CFX, but I cannot recommend them highly enough.

We have referred five other families to treatment there with positive results as well. So Joey, thank you so much for sharing that and I'm sure that will be helpful to somebody out there who's listening, so thank you for that. Let's see. I don't think we have any other stuff at the top here. Do you want to jump into your news topic?

Robb: Sure, sure. Yeah. Pretty basic for, compared to what we've been dealing with, it's a paper comparison of the DASH and DASH stands for dietary approaches to stop hypertension diet and a higher fat dash diet on blood pressure and lipids and lipoproteins randomized controlled trial. The conclusion, the high fat DASH diet lowered blood pressure at to the same extent as the DASH diet, but also reduced plasma triglyceride and VLDL concentrations without significantly increasing LDL cholesterol.

Basically the DASH diet is this very low sodium, typically low calorie, very low fat diet, and what they did was a comparison with high fat dairy and some other high fat sources to just see what the delta would be between them and the higher fat, higher saturated fat DASH diet seemed to work better on pretty much any lipid parameter health parameter that you would care to consider. It'd be interesting, usually in the standard dash diet, they do allow dairy products, but it has to be low fat or no fat dairy products. And so if you were to look at vitamin D, vitamin A and some of those things that you would get from these higher fat dairy sources, almost certainly would be better in this other diet, but worth taking a peek at, nothing earth-shattering, but pretty good.

Nicki: So fat's not bad.

Robb: Not in this context, no.

Nicki: Okay. All righty. The Healthy Rebellion Radio is sponsored by our salty AF electrolyte company element, and the truth is everyone needs electrolytes, but if you're an active person or on a low-carb diet, you really need electrolytes to feel and perform your best. Whether you're training for strength endurance or just trying to make it through grueling workday, make it a point to put electrolytes in your water, your body and your brain will thank you. And as you know, it's still grapefruit season, which means there's another awesome element flavor that you can add into your rotation to keep you hydrated, energized, and ready to perform at your best. Get yours, excuse me, at [drinklmnt.com/robb](http://drinklmnt.com/robb). That's [drinklmnt.com/robb](http://drinklmnt.com/robb)

Robb: Wonderful.

Nicki: You ready for questions?

Robb: Let's do it.

Nicki: All right. This one is from Steve on the downsides of coffee. He writes,

what do you think about coffee? I hear a lot of talk on coffee mainly about sleep cycles and blocking adenosine and then the usual worship of loving coffee. I have a stressful job and I find that giving up coffee does wonders for anger management, stress, burnout, and all around negative feelings. I do occasionally use it when I have a morning of zero motivation as I think it increases cortisol. I usually stick to gunpowder green tea because it doesn't take me to dark places. I wonder how many people have kept drinking five cups a day and then got on Lexapro or something like that without taking stock of the situation. Should there be more talk around the negative aspects of coffee on mental health?

Robb: Yeah, it's an interesting one and coffee in particular, I guess we could look at maybe two angles on it, the caffeine angle and then the immunogenic angle. Cyrex Labs has a screen for folks who potentially have gluten cross reactivity with regards to coffee and also chocolate and some other things. And this is one of those things that I've never done because I was just kind of like, frankly didn't want to know one way or the other. But that is kind of an aside, but I think the Steve's question mainly is related to the kind of stimulant effects and when you look at... We've been to Italy together and my sense is that the bulk of the coffee consumed there is in relative calm and peace and downtime, in contrast to the American way of consuming coffee, which is the more Mach 10 hair on fire, you are the harder, you're pounding the coffee and you're doing a double espresso and then moving on and whatnot.

We drink coffee by the gallons here, literally the 20 cup Mr. Coffee and people consuming that throughout the day. As a baseline, in talking with Dr. Kirk Parsley, for most people, the therapeutic window of caffeine is about 50 to 60 milligrams every two hours, and you want to do it earlier in the day, not later in the day because later in the day can and will affect sleep. We've talked about this before, that the half-life of caffeine, it varies massively from person to person like, Luis is a fast metabolizer, which people at the very, and even on his 23andme, it says likely a fast metabolizer, but physiologic or phenotypically, this is obvious because the guy can shoot down a giant pot of coffee.

Nicki: 10:00 PM and go right to bed. Yeah.

Robb: And he's not adrenalized and burned out. And so just on the half-life clearance, somebody like Luis has a half-life of about four hours. There are other people that can be as long as 36 hours, and that's a completely different experience of a cup of coffee, one person versus another. So by and large, we consume way more than what we need for the therapeutic dose. We consume too much too often. Almost certainly there's some negatives to the amount and variety that we take down in that regard.

Nicki: And if adding a bunch of sugar or other things to it that also can affect-

Robb: Yeah, God, I didn't even think about that. I mean, coffee in the United States in particular is really just a case-

Nicki: It's like water that people put flavorings and sugar into.

Robb: It's basically a case for liquid dessert.

Nicki: Yeah.

Robb: Which is a whole other angle I hadn't even really thought about. So interestingly, you mentioned gunpowder green tea, like green tea messes me up worse than coffee does. Black tea messes me up less bad than coffee or green tea. So I think that there's... And it's anxiety type stuff, and so there's theophylline and theobromine and all these different stimulants from teas to chocolates to coffee, and it all has different effects on folks and I think that this is where you just have to pay attention to your individual response and then modify from there. I will say this, that interestingly, I think that the more stressed out people are, the more sleep-deprived people are, ironically kind of the less-

Nicki: Coffee they should have.

Robb: The less good the coffee is doing them, and coffee in particular, caffeine in particular is really good if you're doing movement. It's really kind of an inappropriately utilized drug if you're... And I've done it plenty of times of probably thousands bordering on millions of times where I sit down to do work and I drink coffee or have some tea and I'm doing cognitive work.

And it can help in that regard to some degree, but it really is best suited towards augmenting physical activity. So if you're going to get out and go on a walk or a run, and again, a little bit of caffeine goes a long way, like the half a cup of coffee versus the full 200 milligram Starbucks type coffee, much less goes further. So there's ways to optimize its utilization. I guess in wrapping up though, it is worth noting that the epidemiology on coffee and tea consumption seems to show this linear correlation between improved health, reduced all cause mortality and intake level. So there is something interesting to that, but I think the hidden calories, when you dress them up, the disturbances-

Nicki: If you're already stressed and-

Robb: ... and if you're already stressed. Yeah.

Nicki: And not sleeping enough, then it... Wonder if there's been a study on that. People who are doing the five to 10 cups a day and only sleeping five hours a night, and I'm sure there's lots of people in that category.

Robb: I'm sure there's a lot of moving parts there. We just know that short sleep is bad news, and so I think it's going to be start getting really difficult to decouple-

Nicki: What is really impacting-

Robb: Poor sleep plus no coffee, poor sleep plus coffee. How does all that play out? I just know for sure that in that sleep-deprived scenario, additional caffeine, it'll give you a little boost initially and then it craters you sooner. Yeah.

Nicki: Okay. Let's see. Our next question is on Crohn's from Fred and he says, Hi Robb and Nicki, I can't tell you how much I appreciate the work you've done over the years. I'll jump to the punchline that last year at the age of 54, I was diagnosed with Crohn's. The Crohn's is under control with biologics infusion, and I'm just trying to get back to health and fitness, and I was wondering if you had nutrition recommendations in living with Crohn's. Are there resources you recommend?

I live in Vancouver, Canada. I'm 55 years old, six foot tall, 215 pounds. I've been reasonably athletic in my life, playing football, hockey, lacrosse, boxing into my mid-twenties and then got into running. Then with young kids, took a break from fitness and then got into road cycling, started playing lacrosse again, and finally got into power lifting 10 years ago. I've been doing keto off and on since 2016 and bone broth fasting. I've never been sick. Then the wheels fell off last year when I got sick and was diagnosed with Crohn's. The Crohn's is under control with medication and I've resumed power lifting and road cycling. I have a hundred-mile bike race coming up in July. I apologize for the long message and thanks again for the years of great information you provide.

Robb: Man, Fred, it's interesting to have this kind of come out of nowhere and so would be worth digging into, was there a precipitating event that triggered this viral infection? I mean, usually, there's some precipitating event and sometimes that can help to steer things towards better resolution. Just having an idea of what caused the initial insult, sometimes it's not that helpful. I know for a fact that my exposure to Giardia ages ago was kind of the thing that took me down at the kneecaps with celiac and my overall gut health. And so it's worth noting that, but it hasn't played-

Nicki: A significant role in [inaudible 00:19:41] type of resolution.

Robb: Yeah. So I guess if that's a thing. And man on this chron story, there are people like Dr. Ruscio, Agley Jacobs, that both of them have their specific gut protocol books, which are both outstanding. I would get in and take a look at what they have going on, and all of it typically boils down to some type of an elimination diet. And I would make the case that the ultimate elimination diet is fasting, but clearly, we can't do that forever. And then secondary to fasting is some iteration of carnivore and I guess one cut carnivore ala Jordan Peterson might be the most extreme version of this. And then clearly there's all kinds of different iterations of car carnivore, whether you do or don't include dairy, whether you do or don't include poultry and kind of on and on from that. And then there's gaps, specific carbohydrate diet, autoimmune paleo, which are less restrictive arguably than basic carnivore.

And I'm also not entirely sure that they're more efficacious. If the goal were to get your Crohn's to a spot where you're off the biologics and also asymptomatic, not suffering any of the deleterious effects, then it's one of these moving targets as to how fastidious, how tight you need to be on this. But that's really the spectrum. There's all kinds of other stuff, we need to consider vitamin D levels, stress levels, sleep, the usual, broad ranging, health considerations, meditation, mindfulness, all that type of stuff are all generally helpful for these situations. Stress definitely seems to worsen gut related issues, but at the end of the day, I think the primary driver usually is some sort of an environmental insult, typically coming from food, and we have to figure out how to address that. And again, some flavor of the sliding scale of an elimination diet is kind of where we go.

Nicki: Do you think it'd be interesting, Fred, to note how you're feeling right now, and clearly you're training a lot for this race, but how do you feel after this race? Because that's a big race, and again, that volume of exercise can be a stress, so I'm not saying don't do it, but I'm just saying pay attention to that because that might inform whether you do-

Robb: Continue doing stuff.

Nicki: Big races like that in the future or shorter duration type things.

Robb: Yeah, yeah, it's a great point.

Nicki: Okay, final question this week is from May on seed oils. Hi Robb and Nikki. I love your podcast. It's always the highlight of my week to listen. You both have such a balanced view on health issues, and I wanted to ask about seed oils. I know they're not good for us in large amounts, or am I wrong about that? But what about small amounts here and there? If we go out to eat a couple times a month or have a few tortilla chips here and there, is that still super damaging to health? I see so many health influencers talking about how bad seed oils are and how we shouldn't touch the things with a 10-foot pole. Wondering your views on occasional seed oil ingestion?

Robb: I am definitely on the occasional exposure is, in my opinion, not a big deal. And there may be folks for whom it is a bigger deal, maybe they have more complex health issues and they need to be that much more fastidious. But I think if you are generally getting some pastured meat, getting some cold water fish so that we're well addressed on the Omega-3s in our diet, I just don't see this as being that big of an issue. And there's still pieces to this that I just don't get because olive oil is... Olive oil's great. And it's all these benefits. Olive oil can range in Omega-6 content from as low as 3% to as high as 20%. It can be much higher than out of the box, just like high oleic safflower oil or something like that. And so I'm still... I get it, it's this pro-inflammatory thing, Omega-3, Omega-6 balance.



Lauren Cordain talked about this stuff back in the day. I think that there's something to it, but it's still, there's perplexing pieces to it. It still doesn't feel like a super unified theory. And I've seen some folks like Paul Saladino where, and I've heard that he'll be out dining with a group of people and he'll completely shake down the kitchen staff about, do you use seed oils on the grill? And stuff like that. And each person do whatever the fuck you want to do, but that just seems ridiculous to me. You might make a request, "Hey, could you use butter when you cook this steak instead of..." And that's fine. But making this big scene around that stuff I find kind of personally ridiculous. But again, each person to their own on that.

Nicki: It seems to me like if somebody has an inflammatory condition, maybe they're autoimmune, maybe they are struggling with an inflamed joint from some sort of injury, maybe then, you're a little more fastidious and careful with the types of pro-inflammatory foods that you're eating. But if you're otherwise healthy, maybe you are as lean as you want to be and you don't have any kind of health issue that would benefit from specifically excluding them, then I think going out to dinner and if you have some chips, okay, so be it. Don't stress about that.

Robb: Absolutely. Yeah. And I still have health issues that I'm tinkering with and I will until I die apparently. But I've been uber mega strict on this stuff. I've been more loose with it and I haven't really noticed that big of a difference. My sleep quality, my stress levels, how I interpret distress, am I doing some mindfulness stuff? All of that has had a much greater impact than if I filch a handful of corn chips when we go out to Mexican food or something like that. I just haven't noticed all that much of a difference.

Nicki: I think it's definitely the poison is in the dose. If you're eating chips every day and you're having trail mix that has a bunch of nuts that have been sitting in the package for... Potentially oxidized nuts that have been sitting in the package for two years and you're doing a variety of things like this day in and day out then I think, again, the dose is-

Robb: Much more than-

Nicki: The dose is important here.

Robb: Yeah. But May, good question. And that's just my take on this stuff. There are people that are clearly much more adamant and certain of how horrible these things are, but I still have... I have questions around this stuff and I have serious annoyance around, again, it's like Melissa Hartwig, she had her whole 30-

Nicki: Salad dressings.

Robb: Salad dressings that came out. And I like Melissa, I don't agree with all the shit that she's up to all the time, but I generally support what they're doing on

the dietary side and all that type of stuff. But they came out with these salad dressings and she was just getting savaged by people because they use this high oleic safflower oil.

And I popped my nose in there and I'm like, "Okay, what's the problem with this?" And the peanut gallery would say, "Well, it's got Omega-6s in it." It's like, "Okay, is olive oil okay?" "Well yeah, olive oil's great." "Well, olive oil has more fucking Omega-6s than this stuff does." And so it's serious annoyance that there's just this religious cult mentality around this stuff. And people don't actually know what the fuck they're talking about. They don't know high oleic safflower oil actually has fewer Omega-6s than olive oil most of the time. And does that even matter? Again, when we back up a little bit when we look at some of the health associations of just nut consumption, and I know that nuts are this no-no, within certain bands of the carnivore scene, but it's like, there's a pretty good signal there. It's not super ambiguous. There's a pretty good signal that seems to suggest some sort of healthful benefit with consumption of nuts.

Nicki: In moderation.

Robb: Well, yeah. I guess, but it's like-

Nicki: Well, I'm just thinking of the client that I had that was eating the entire container of Costco cashews in it.

Robb: We've told that story. Yeah. Yeah. But was the Omega-6s in that thing of cashews the problem or was it the 4,000 calories in a dose that was the primary problem? Yeah.

Nicki: Okay. We done there?

Robb: We're good. We're good.

Nicki: All right. Thank you everyone for your questions this week. Have a wonderful weekend. Hopefully you have some sunshine where you are. Happy Father's Day to all the fathers out there. And remember to check out our show sponsor element for all of your electrolyte needs@drinkmnt.com/robb. That's drinkmnt.com/robb. And I think that's all. We'll catch you all next week.

Robb: Bye everybody.

Nicki: Bye-bye.