

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 this 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 Rob gets passionate, he's been known to use the occasional expletive. If foul language is not your thing, if it gets your britches in a bunch, well, there's always Disney Plus.

Robb: You going to kick this off?

Nicki: Hello everybody. Welcome back to another episode of the Healthy Rebellion Radio. This is episode 175. How are you doing hubs?

Robb: I'm a little, little under the weather.

Nicki: You're a little raspy.

Robb: I'll be hacking a bit here and there.

Nicki: Yep, yep. You've had some little bug that just set upon you here kind of rapidly. Sleep's been a little...

Robb: Dodgy.

Nicki: Suboptimal, yep. But we're here.

Robb: I haven't died yet.

Nicki: You haven't died yet. I thought I was going to die yesterday in our skate skiing class. I had the wrong gloves on and it's really cold here right now in Montana. Actually today, right now it's currently like minus 19 degrees. We'll have a low of minus 30 tonight, I believe tomorrow, early morning tomorrow. Last night it was only, what was it? Minus?

Robb: No, it was like four degrees when we were there.

Nicki: Four degrees. And I had-

Robb: That was still cold.

Nicki: I had the wrong gloves because my normal, bigger gloves don't fit in the poles for Nordic skiing or skate skiing, your hand kind of fits in and your thumb

and I never got proper gloves for that particular sport. So I'm using my, I have snowboarding gloves, which are too big and bulky.

So I was just using these other gloves and it was far too cold. I have never had hand pain like that from cold weather, I actually, so she had us go out across, come back. My hands were so cold that I then was feeling nauseous and I told Rob, I think I'm going to pass out.

Robb: And Nikki's face turned super red and she had that diaphoresis thing where you're... yeah.

Nicki: I felt like, I have fainted very few times in my life, but I was like, I don't feel right. So he helped me get my skis off and I sat down on the ground and it was a thing.

Robb: But you have some Raynaud's, which is that kind of-

Nicki: A little bit. But the funny thing was is my fingers weren't white, like happens in Raynaud's.

Robb: Right.

Nicki: But they were so incredibly cold and so we ended up leaving early. Didn't finish the class because I just didn't feel up for finishing it and on the way home, as they were thawing back out, it was the most excruciating pain that I felt in a long time. So anyway. How did we get kicked off on that?

Robb: That's just where you decided to launch into this.

Nicki: I feel like there was some...

Robb: You mentioned it was cold.

Nicki: Okay. Yes, it's very cold. Let's see. Any other upfront stuff hubs, today?

Robb: I don't think so. I think it's all on the backend, so.

Nicki: All right. What do you have for us, for our news topic?

Robb: Nothing that's going to be super surprising to anybody, but it's I think still important. The title, the paper is Too late and not enough, School year sleep duration, timing and circadian misalignment are associated with reduced insulin sensitivity and adolescents with overweight and obesity.

The paper is interesting in that they pulled from overweight and obese youth and then they monitored them with an at-home kind of sleep monitoring system. And then they did some oral glucose tolerance testing and some blood sugar monitoring. So it's not like it was metabolic ward clinical type setting, but what it really illustrated is that the severity of insulin resistance tracked very

consistently with the severity of sleep deprivation.

And there's a host, in this stuff we've seen that it becomes kind of chicken and egg, like your sleep starts getting disturbed as you become more metabolically unhealthy and it's a great way to get metabolically unhealthy by not having proper sleep.

And we're going to do, I think, and part of the reason why I threw it in, I thought this was the episode that we were doing some of the whole homeschool stuff, but you did it-

Nicki: That's going to be next week.

Robb: You did a hip switch on me.

Nicki: Yep.

Robb: So we are going to talk about some homeschool stuff in-

Nicki: We've had a couple of questions come in about homeschooling. So we're going to dedicate an episode to that next week.

Robb: And I will say, by and large, one of the benefits of homeschooling is that you can really control the amount of at least elective sleep that's there. Sometimes the kids don't sleep well, sometimes they squirrel a flashlight into the room and read under the covers and stuff like that. And so it's not a hundred percent perfect, but when you overlay, when we wake our kids up, which is usually about eight o'clock now?

Nicki: Between 7:30 and eight.

Robb: Between 7:30 and eight, depending on the day. We know people that their kids are out the door at like 6:15 to catch buses to do different things. And then the kids aren't home until seven o'clock, eight o'clock depending on what they have going on that day.

Nicki: Activities or sports, you know, games and what not.

Robb: Activities and stuff like that. And our kids are slowly expanding the activities that they're doing. But I would say if there's one thing that I feel pretty good about doing the homeschooling is just that I know our kids are better slept than so many other folks.

Nicki: They get the sleep that they need.

Robb: Yeah.

Nicki: And just the other plus, which kind of ties into the sleep pieces, you don't have the frantic rushing stress, must get out of the house on time kind of thing

that-

Robb: Every day.

Nicki: That happens every day when you're kind of, you have to be at school at a certain time. But we will save those items for next week.

Robb: Also, just wanted to mention a quick shout out to... Folks, if you're interested in an event that supports ancestral health and metabolic health, cannot think of a better venue to go to and event to participate in than the Metabolic Health Summit, which is happening in Clearwater Beach, Florida this year. January 25th through the 28th. I was thinking about doing this, but we have a fair bit of stuff going on in February as well, and my birthday is right before that. And so I opted to pass this year.

Nicki: Stay in the freezing cold temperatures instead of laying in the beach in Clearwater, Florida?

Robb: Staying in the freezing cold temperatures instead of going to the beach, yeah.

Ditching my family, which could have been amazing, but I have a link in show notes to it. And also if you're just interested, just look up Metabolic Health Summit and you will find the details. It is a absolutely stacked event. They have Valter Longo there, who I'm back and forth on him, he's cool. But a bunch of the heavy hitters like Dominic D'Agostino and folks like that. They have broken this up into kind of clinical tracks.

Like if you're a physician, more of hands-on tracks if you're more of a dietician, nutritionist, personal trainer type thing. And then there's plenty of material for the educated lay individual. Your biggest challenge there will be that you have to be inside instead of outside to check things out.

So you're going to be in Florida and it's going to be warm and sunny, ostensibly. And then there is so much stuff in there that you're going to have to pick which one you see live and which one you get to watch later because all of this stuff is filmed and when you attend the Metabolic Health Summit, you are able to access all the other materials at a later date.

Nicki: Very cool. And we will put a link to that in the show notes if you're interested. Folks, the Healthy Rebellion Radio is sponsored by our salty AF electrolyte company, LMNT. Baby, it's cold outside. Your training and activities don't stop just because the temps are single digits and below and your electrolyte needs don't stop either. But that doesn't mean your electrolytes have to be consumed cold.

LMNT chocolate salt and chocolate caramel salt were designed to be enjoyed hot, perfect for those chilly days in the depths of winter, kind of like

today in Montana and many other parts of the world. In addition to chocolate salt and chocolate caramel salt, the new limited time LMNT chocolate medley is also available. This 30 count box contains 10 each of chocolate chai, chocolate mint, and chocolate raspberry. All incredibly delicious when enjoyed hot.

Again, this chocolate medley is a limited time offering, so it'll be available as long as supplies last. You can grab your LMNT including chocolate medley or any of our other flavors at [drinklmnt.com slash Robb](http://drinklmnt.com/slash/Robb). That's [drink lmnt.com/robb](http://drinklmnt.com/robb). I just have to say I'm pretty excited for some things that are coming up this year with LMNT, and I'm not going to say any more than that, but there's-

Robb: Some really cool stuff afoot.

Nicki: There's some fun stuff afoot.

Robb: Yeah.

Nicki: Yep. Again, folks that link to grab yours is [drink lmt.com/robb](http://drinklmnt.com/robb).

We have three questions for today. The first one is from Charles on the topic of magnesium supplementation. Hi, Rob and Nikki, I have a question about magnesium intake. For years, I have supplemented 400 milligrams of magnesium nightly based on Rhonda Patrick's recommendation. I always use a highly bioavailable form, example; glycinate or malate.

Recently, I've had some discussions with people online who brought to my attention that supplemental magnesium at best provides like 15% elemental magnesium. For example, a 400 milligram supplement gives you 50 to 60 milligrams of magnesium. I thought this was fine since I eat a paleo diet rich in fruits and vegetables, which presumably provide a few hundred milligrams of magnesium, and I supplement with element.

But some argue that with our modern soil situation plus anti-nutrients in other foods, not sure if that applies to paleo people, means that our dietary magnesium intake is effectively zero. My questions, can you get most of your magnesium from food in a reasonably simple paleo diet? Two, if supplementing is 400 milligrams, the Rhonda Patrick recommendation 50 milligrams elemental magnesium enough if you do one, which is if you do...

Robb: If you eat a nutrient dense-

Nicki: A nutrient dense simple paleo diet.

Robb: Yeah.

Nicki: And then the third question is, can you supplement hundreds of milligrams of elemental magnesium without shitting your pants? Keep up the good work, Charles.

Robb: I don't know whether top, tackle this top to bottom or bottom to top. Can you get most of your magnesium from food in a reasonably simple paleo diet? I don't doubt that our foods are comparatively depleted relative to yesteryear. I've seen data to that effect. But there is a reality that we could take broccoli or kale or spinach or meat or what have you and, here's a thing, if they're so nutrient devoid of magnesium, then things wouldn't live.

So there's some magnesium in there and there's enough magnesium to keep things going. Also, when we do chemical analyses of these items, they have magnesium. I will say that people forget oftentimes that meat and fish and seafood are wonderful sources of magnesium because the bioavailability is so damn high comparatively. So a plant source, magnesium oftentimes like kale and spinach and things like that can have a fair amount of magnesium. They do have anti-nutrients, and I'm not as full into the Paul Saladino camp where I'm just terrified of kale or broccoli, but it can limit things.

So that's a thing I think you can get quite a lot. This is still one of these interesting things that I think is one of the most credible reasons for something that looks like the paleo diet, which is the nutrient density. And regardless of what else we are going to consume, when the early work that Loren Cordain did, the later work that Mat Lalonde did, and then even the subsequent work that Marty Kindel did, looking at nutrient density, everything that fits into kind of that paleo diet category, meat, seafood, fruit, vegetables, roots, shoots, tubers, they tend to be both nutrient dense relative to their caloric load, and they tend to be relatively low in anti-nutrients.

So ostensibly the absorption is better. There's still other factors there though, like your stomach acid situation, your gut health microbiome, all these things influence the amount of magnesium that you can absorb. So there's going to be a lot of different moving parts on there. So I guess that kind of rolls into point number two, which is, is supplementation, a la Rhonda Patrick's recommendation enough? It might be, I don't know.

And that really rolls into the third question, which is can you supplement a ton of magnesium without pooing yourself? And that just depends on the person. It depends on the source, how you space the supplementation. Again, your stomach acid situation, are you taking it with other foods, which some situations enhance absorption, other scenarios, blunt absorption. So there's just a lot of moving parts on that. And the testing for magnesium is a little bit tricky because just like serum magnesium, we don't have a ton of magnesium just kind of out circulating.

It's usually associated with different enzymes. It's really critical in the manufacturer and kind of maintenance of ATP. It has a host of other activities with muscle contraction and relaxation and whatnot. So it is a little bit tricky to test for magnesium. There are ways to do it, but it is just not like, simple blood test doesn't always tell you the full story on that.

I think sometimes folks, at some point this becomes kind of a, it's like, well, what else do you want to do? I think you do some reasonable supplementation. Maybe you supplement up to a challenge of loose stools and then you're like, okay I'm-

Nicki: When you're home and near your bathroom.

Robb: I'm top off yeah, when you're home and near your bathroom and then you eat the most nutrient dense diet that makes sense for you and your sensibilities. I think people love majoring in the minors, and I wouldn't say that this is a hundred percent minor, but it's kind of like when you look at the fucking disaster that the world is right now and how few people eat real food.

It's like if you're eating something that looks pretty much like a paleo diet, 19 meals out of 21 and you're getting some sleep and you're getting some exercise and all that, you're doing pretty damn good. Now, do we then have some opportunities of tweaking and optimizing? Yeah, and I think that that's where some of these discussions are perhaps important.

But I think that if you've just made a choice of eating minimally processed whole foods, you've done 90 or 95% of the work. So also I would say relax a little bit. And unless you just have signs and symptoms of overt nutrient deficiencies or magnesium deficiencies, heart palpitations, cramping, different things like that. And I will mention that adequate sodium is really important in maintaining adequate magnesium because the kidneys tend to maintain the magnesium stores more readily when we have adequate sodium. Grizz. Enough. Our dog is whining at us.

Nicki: We have a whining dog.

Robb: Sit down.

Nicki: Okay, hope that helps Charles. Let's see. We have our next question from Steve on psoriasis. He writes, any evidence on any particular dietary solutions to help with psoriasis? I turned 50 and it hit me mainly my right hand and right foot. Makes lifting difficult. Chalk, wash, lather up with Doc Spartan and repeat. I'm on a medication the lowest dose, but prefer not to use meds at all. It helps, it keeps the tearing pain to an acceptable level to keep moving forward.

Robb: So I did a little bit of poking around. The short answer is yes, there are dietary interventions that show efficacy for psoriasis. I've got a couple of different links in here. Effect of a very low calorie ketogenic diet on psoriasis. This one was really detailed where they did NMR studies of some of the subcutaneous tissue in the way that it is kind of altered.

Psoriasis is technically kind of a form of skin cancer when you really look at what's going on. It's never going to like, kill you, but it can be kind of miserable

to deal with. But what they found with this is that people with psoriasis oftentimes have some signs and symptoms of other metabolic issues. They tend to have a more lactate centric metabolism. And so what they found is that most of these folks, and Steve, this is probably not a hundred percent your story, but with these folks, there was some overweight issues, some metabolic issues.

It was a short-term intervention, but even so they saw significant weight loss, significant improvements in metabolic status, but you should, one should probably look at psoriasis both as an autoimmune condition and as a metabolic issue.

There's another link that I had to a gluten-free page that just somewhat anecdotally, although it did a literature review about the benefits of a gluten-free diet doesn't benefit everybody with psoriasis, but a good number of people do. And then also autoimmune paleo. And so I think that there's a lot of different angles that one could take to address psoriasis.

I would also throw out there that adequate vitamin D, particularly from sunlight or UVB radiation, whether you get a Sperti or you go to one of these tanning booth places, which apparently they're getting really hard to find. All these places have shifted over. Many of them have shifted over to just spray tan because they feel like they're doing God's work by not giving people skin cancer.

And there is a concern there, but the low pressure UVB bulbs help you make vitamin D, and it's the whole secosteroid cascade that goes with the manufacture of vitamin D that has all these immune modulating effects that really has some wonderful benefits for psoriasis. Psoriasis, like many kind of autoimmune related stuff, and again, psoriasis has elements that seem to be both indicative of autoimmune and also metabolic issues like insulin resistance.

But there's this latitudinal gradient that as one finds themselves closer and closer to the equator, you tend to see less and less multiple sclerosis, rheumatoid arthritis, psoriasis, et cetera, et cetera.

Nicki: Interesting.

Robb: So of course we had to live at the 49th parallel nearly to, partway to the Arctic Circle instead of going to the equator. So yeah. So Steve, I would consider looking into three times a week, four times a week, starting off at one minute, two minutes a shot in a tanning booth or getting a Sperti vitamin D lamp.

I have no association with those people, but I do own one and I use it almost every day. And I got to say, I think I do far better with it than without it. If you're doing the tanning booth set up, you don't use the super high pressure bulbs that only takes two minutes to get the full bake done like these other ones you can be in as long as 20 minutes and then you just really do short interventions in there, like two minutes up to maybe five minutes a shot.

And there is a risk with everything. We've talked about this ages ago, but I always, not everybody listens to every show and follows every book and all that type of stuff, but many years ago there was a fascinating study that suggested that folks that got adequate sun exposure, it would reduce cancer incidents by, it was millions of cases per year because of the kind of anti-cancer effect of adequate vitamin D and just sun exposure in general.

And then there was going to be associated with that, some nominal increase in skin cancer rates within that group. Just bad luck, just the way it goes. But the risk reward on that was shocking. It was an amazing return on investment. And I am at this spot where I have so many different funky health things I'm trying to deal with, and I really do feel like photoperiod in sun exposure is one of these major levers. I can't grease or modify the food levers any more than what I've already done. So this photo period is really kind of like my Obi Wan, last hope deal, and I think that it's an often overlooked thing because we do focus so much on food.

Nicki: Okay. Let's see. Our final question this week is from Trevor, and it's written like semi-glutide, semaglutide. I don't know exactly how it's pronounced, but he writes, what's the deal with semaglutide? I've read that it slows down stomach emptying, but wonder what the health risks might be. I have a family member who legitimately needs to lose about a hundred pounds. They have some orthopedic and neurological issues that make exercise pretty difficult right now. Some version of semaglutide seems pretty appealing right now if just to get the weight loss ball rolling. Thank you both for your podcast.

Robb: So I have a link here to a pretty solid paper and it gets into the mechanisms semaglutide glucagon-like peptide one receptor agonist with cardiovascular benefits for management of type two diabetes. And do I still have that one open... I wanted to take a peek at this thing because it is, so this is a peptide hormone that it does a lot of different stuff and it's part of the reason why it works well.

And it's interesting in that it, excuse me, it tends to reduce blood sugar levels because it antagonizes glucagon, but then it also lowers blood glucose levels because it tends to enhance insulin production and insulin sensitivity, which the enhanced insulin production would make me kind of nervous normally, but it seems to be beneficial. It's also weird in that it tends to slow gastric emptying about 35 to 40%. So food is actually hanging out longer, which in my mind would normally mean you absorb more and potentially that could be negative, but that slower gastric emptying, plus the way that it modifies this stuff on the hormonal axis, it seems to reduce appetite.

Like this thing is working because it's modifying the neuro regulation of appetite. That's just the way that this thing's going. Many of these drugs though are producing in some people these long-term like gastroparesis, gastric paralysis scenarios. It's really low frequency. But the people who are affected by these

things, it appears to be fairly permanent and they have dire health concerns as a consequence of that.

But being a hundred pounds overweight is a dire health concern as well. Thomas Sowell, who's this amazing economist who's 94 years old, and I'm going to have a dark, dark day when the guy finally kicks off. Hopefully it's in another 10 or 15 years, but he is famous for saying that there are no solutions there are just trade-offs. And so this is one of these stories where, I'll say this, I've been sitting on a paper, or not a paper, it's an article that talks about big food going after the manufacturers of these drugs because they're kind of pooping their pants because these drugs are actually working. And-

Nicki: So, sales are down.

Robb: So sales are down in many cases and they really fucking work. And there's all kinds of irony there that these bastards that are profiteering off of our illness and disease-

Nicki: Health crisis, yeah.

Robb: -are concerned about the efficacy of these drugs. I think these drugs are non-trivial in their potential danger. But again, it's like once you're 50, 75, a hundred plus pounds overweight, your prognosis for an easy, good life is poor. What type of, and people will get all up in arms, they're like, well, they just need to have self-discipline and all. Well, we've tried that, man. We've tried moralizing all this stuff. And it's kind of an all hands on deck. Anything that works.

And this is part of the reason why I'm so ass chapped at a lot of the health and fitness world, the low-carb scene, any dietary practice, whether it's paleo or vegan or what have you, can become a cult and cultish and can avoid the reality of things that are contrary with whatever their dietary doctrine is. But there's also a reality that for some number of people, all of those things end up helping. And I am just floored that there's not this all hands on deck, try anything.

But clearly, I think also, I think comparatively, low-carb diets tend to work pretty good when you can get people to just get in and get some adherence. There's still a high attrition rate with them, but I think that they do work rather well and they address a lot of different stuff.

And I think that that's part of the reason why relative to a vegan diet, they don't get harassed the same way. Because I don't think the vegan diet actually delivers remotely the benefits that low-carb does. Because it's kind of ridiculous. You will hear either doctors or dieticians say, I don't like paleo or low-carb diets because they remove whole food groups. And you're like, well, what about vegan or vegetarian? They're like, those are great. And it's like, well, you're a fucking moron because you didn't even think. And there's always, well-

Nicki: Both of those things can't be true.

Robb: They can't both be true. Well, meat and dairy are dangerous. Oh my God. Okay, well, let's really dig into the data on that. I think that there is, at an institutional level, there's some acknowledgement.

Everything that the drugs that work provide, they're like a mimetic for either exercise or a low-carb diet, whether you're talking about glucophage or these GLP-1 receptor agonists, they all kind of produce neuro regulation of appetite modifications. They modify insulin sensitivity, they tend to suppress glucagon production, which normalizes blood glucose levels.

Because if your blood glucose is all over the place, you're going to be sick and you're going to be hungry, period. And so all of this shit at the end of the day, if there's anything that is fascinating to me about what works in the pharmacopeia, it's that it looks a lot like a low-carb diet.

Again, changing dietary practices is hard, super low success rate, but... I know I'm wandering all over the place here. Who was the person's name again for this?

Nicki: Trevor.

Robb: Trevor. So Trevor, I don't know. If you have a family member that is clearly significantly overweight and struggling with other health issues. We've got to assume at this point that they've probably tried other stuff and that other stuff probably hasn't worked. And maybe the next time is different, but probably not if we're just honest about this stuff. Are these GLP one drugs without downside? No, but when you look at the upsides of just getting into a more normal body mass index range and metabolic functioning and whatnot, that's like the holy grail. That's how we don't die young. And so I would-

Nicki: I haven't followed these-

Robb: You've got to credibly follow it or consider it.

Nicki: I haven't followed these much, but are they easy to go off of? Is there any titration? Let's say this person takes it for six months, loses 50 pounds and they want to?

Robb: That's a really good question. There is a tendency towards recidivism and a return of a weight.

Nicki: So it's sort of, you have to take it forever.

Robb: Kind of like if you go on a, modify your eating, you have to stick with it.

Nicki: Yeah.

Robb: You just can't, this is again, where maybe the person gets healthier,

maybe in the process of getting healthier, they're able to realize, wow, I really feel better. I'm going to exercise. I'm going to sleep better and I'm going to eat better. But yeah, that is actually something that I had neglected to mention. You have high recidivism even with these guys once you discontinue. Yeah.

Nicki: Gotcha. So I guess if somebody was really wanting to try it, the ideal scenario would be to try it but also, I mean, if you're less hungry, maybe a more whole foods based diet would be more satisfying.

Robb: Right.

Nicki: So maybe you try both.

Robb: Right.

Nicki: And then again, to Trevor's point, the weight loss ball is rolling and maybe you are able to set up those eating habits and you're seeing success at a rapid rate.

Robb: Yeah, yeah. Then maybe you-

Nicki: Maybe you stick with it.

Robb: You stick with that. And I know I've jabbered a lot about this, but this is one of these really concerning things about the modern state of science and medicine. A lot of doctors now in the main institute, American Medical Association and whatnot, they're absolutely pushing this notion that obesity is a disease that needs to be medically managed via pharmacopeia, period. And they're prickly against even the suggestion of dietary intervention. Like yeah, you can try, but this is like having herpes or something. You just need treatment.

Nicki: This is like where if the person could get up in arms about that position that the medical establishment, like the people that if you tell me I can't do it by God, I'm going to do it.

Robb: Right.

Nicki: You know? Like the doctor's telling me that I can't change it, I have to take these pills forever. Maybe that could be the kindling that fuels the fire, that gets the person up in arms enough to make the dietary change.

Robb: Maybe. I mean, one person in a thousand maybe.

Nicki: Yeah.

Robb: I don't know. But this is just where this whole thing is kind of a disaster. And then I reflect on, we had a lot of people in the Rebellion early on that peeled out because they were fully in this kind of woke, healthy at any size deal, and we're super vocal about that. And I think they're killing people. Like people are

dying young because of all these issues, but when you lie to people about this stuff, you're not helping them. But it's this woke mob and God, I'm so close to just naming names.

Nicki: No, they weren't in the Rebellion. They're just other people in the paleo-

Robb: There were some, no, there were people in the rebellion initially.

Nicki: Okay. All right, I think I'm remembering somebody, but okay, we won't name names.

Robb: Yeah. But we shouldn't be mean to these people. We shouldn't be shaming these people, but we also should be honest with these folks.

Nicki: And compassionate and do our best to help.

Robb: And compassionate and explain how goddamn hard it is. It's hard.

Nicki: That was all of Wired to Eat.

Robb: That was all of Wired to Eat. It's really hard.

Nicki: The foods are designed to thwart every effort you make in this regard.

Robb: The whole system.

Nicki: The system, yeah.

Robb: From the doctors to the dieticians through in the, yeah. So I mean, it's tough. And this is again, where I'm kind of the opinion that we need all hands on deck, every methodology, compare and contrast them all, see which ones are working and then keep optimizing around that.

But it's hard to even do that because low-carb diets are pseudoscience and they're dangerous and they're destroying the environment and on and on and on. And again, when you start seeing junk food manufacturers concerned about the efficacy of these GLP one drugs and what it might do to their bottom line, fuck man, that should be a wake up. But Nicki and I, and again, not to drive this thing off a cliff, but we've just been talking about raising our kids and we're really lucky. We've got a super good gig. I have a stable deal with what I do.

We're pretty elective in the amount of effort that we put into our work. It's been a long time getting there, but we're homeschooling and we were just talking about if you are financially strapped and you're in a shitty relationship and your kids are at a school where the teachers don't fucking care and the kids are all-

Nicki: There's bullying or.

Robb: There's bullying and just buried in their phones. It's like some of the only consistent gratification that people get are things like social media, regular media and junk food. And it's just this set your, I want to feel good and you go get your caramel latte-

Nicki: Frappuccino, yep.

Robb: Or whatever, and it's a guarantee that for some period of time you feel better. Whereas the exercise and all this other stuff. You want to start eating better. Well, what is that? Is it vegan? Is it this? Is it that, if it's not vegan, then again, you have so much of the world telling you that you're destroying the planet and you're hastening the demise of not just humanity but the world itself. And I've got a really big piece I'm working on around that. But this is the shit that people face currently trying to just save their own lives and live.

Nicki: Live their day to day. Okay.

Robb: So Trevor, keep us posted. Good luck. I hope that helps. I know that that was a lot of random shit there, but it's also just a complex, difficult topic. And I, trying not to be too idealistic, I would be aware that there are potential downsides and limitations to using these drugs.

But again, when one's health is as, like we worked with so many people in the gym. And we had a couple of clients that were in that 350 to 400 pound range, and it was Herculean effort to get these folks that were really metabolically sick to stick with it long-term. We had a few successes. The folks that were, I'm 20, 30 pounds above where I was in high school and stuff like that, we had pretty good success. And you see 10 years later, 15 years later, they still eat better than what the average person does. They still exercise. There were some long-term habits there, but when people have really gone far down that path-

Nicki: And it's hard because when they've gone far down that path, usually their spouse is there, all their coworkers, they're in a tribe of people who are all-

Robb: Supporting that process.

Nicki: -supporting that. And so for them to try to peel out and change the way they're eating and get some regular exercise, they become-

Robb: They lose all of their current support network.

Nicki: They lose that social network. So I think that, and I know there have been studies about that, the number one thing that, the number one marker of success when trying to make a lifestyle change like that is-

Robb: Peer group.

Nicki: Yep, yep. So if you can plug yourself into a new peer group where they...

Robb: And this is the awesome thing of joining a jiu jitsu gym or CrossFit and things like that, because you kind of plug into a group of people that are usually pretty on point with what's happening there. And this is also where spouses and friends get ass chapped when people do those changes.

Nicki: It's tough. There's often relationships kind of go south because one partner is really wanting-

Robb: That change.

Nicki: That change, and the other partner maybe isn't as ready for it, and then they lose the things that they did together, like eating whatever or making whatever meal that obviously is not on the plan anymore. And so it can be a big, big challenge socially and relationship wise.

Robb: Yeah. Yep.

Nicki: Okay, that was our 30 questions.

Robb: That was more than what I thought it was going to be, but it's important stuff.

Nicki: For sure.

Robb: And I appreciate the questions.

Nicki: Yep, yep.

Any closing thoughts?

Robb: It's tough, but we can't give up. All this stuff, whether we're talking about our current world that seems on fire, crazy political shit, challenges of raising kids. Part of what we're trying to instill in our girls is the only way you lose is by quitting. You just can't fucking quit.

And it can seem hopeless and difficult, but you just show up again and you try to be mindful and God, try to cultivate some gratitude for whatever it is you've got. Even the difficulty of your situation. If you can just do that, and I say this, but when my life goes sideways, it's difficult to do, but I've been doing better with it. And I got to say, a lot of the depression I've had, a lot of the anxiety that I've had is way better than it has been in the past. And it's by taking a step back and being like, well, I'm grateful for this challenge and I'm going to do the best I can to beat it.

Nicki: It's reminding me of that beginning, opening of that investor letter that I read to you and the girls, and I can't remember-

Robb: Yeah. The Shackleton, where he talked about Shackleton's expedition.

Nicki: Yeah. And I'll find it and put a link to the show notes. It's an investor letter that was shared around the internet a few weeks ago, and I can't even remember the name of the fund or whatever that the guy wrote, but he leads with this story about the first expedition to Antarctica.

Robb: Antarctica.

Nicki: And how his whole mind, and it's just a great story of resilience after one mishap and failure and near death experience after another. But the man was, his outlook on life was such that he didn't have to do these things he got to do. I get to, I don't have to, I get to. And when you reframe it like that, it just changes your ability to tackle a task. And so it was a great introduction and I just told the girls, I'm like, this needs to be our theme for this year.

Robb: This needs to be our theme for our life.

Nicki: It's like, I have to do this, for life, yeah. Mom, I have to practice piano. Why do I have to? What's the point of this? What am I going to use this for? We're getting that a lot in school these days, which we'll share more of on our homeschool episode, but. What's the point of this? When am I ever going to use this in my life?

You get to don't have to. You get to. There's a lot of people who don't get access to an education, who don't get to learn a musical instrument like, I get to. So anyway, I'll dig that up and link that in the show notes too. It's just a really great positive, inspirational read at the top.

Robb: Cool.

Nicki: Cool. Folks, thank you for tuning in again. Be sure to check out our show sponsor LMNT for all of your electrolyte needs, whether they be the cold variety or the hot variety, we can help. You can grab those@drinklmnt.com slash Robb. That's drinklmnt.com/robb. Wish you all a very wonderful weekend and we'll see you next week.

Robb: Bye everybody.