

Nicki: It is time to make your health an act of rebellion. We're tackling personalized nutrition, metabolic flexibility, resilient aging, and answering your diet and lifestyle questions. This is the only show with the bold aim to help one million people liberate themselves from the sick care system. You're listening to The Healthy Rebellion Radio. The contents of this show are for entertainment and educational purposes only. Nothing in this podcast should be considered medical advice. Please consult your licensed and credentialed functional medicine practitioner before embarking on any health, dietary, or fitness change. Warning, when Robb gets passionate, he's been known to use the occasional expletive. If foul language is not your thing, if it gets your britches in a bunch, there's always Disney Plus.

Robb: Welcome back, friends, neighbors, loved ones.

Nicki: Hello, everybody. This is episode 185 of The Healthy Rebellion Radio. What's new, hubs?

Robb: Do you want to share our zone two cardio show or unpack it at all?

Nicki: Yeah. We're watching something called a 3 Body Problem, which interestingly, I saw it. People kind of think it's a meh show. We really like it, but it's-

Robb: Yeah. I kind of saw that too.

Nicki: In general. It's not super well received, but I don't know, we're on the final episode. We haven't finished it yet, but it's been enough to get me out of bed in the morning to do cardio.

Robb: But there was a wee spell.

Nicki: There was a time.

Robb: That Nicki kind of fell off the treadmill as it were.

Nicki: I did fall off the treadmill for a little while, in the depths of winter when it's dark and cold, and I needed that extra hour of sleep more than I needed the treadmill.

Robb: So you tell yourself.

Nicki: Yes, yes. Let's see.

Robb: What else?

Nicki: What else is new?

Robb: We added to the Wolf residence.

Nicki: We added our bees on Saturday, two packages of bees, and managed to get them installed into their hive, so that was really exciting.

Robb: The weather's been absolute shite for bees.

Nicki: Yeah. Robb had taken Sagan to gymnastics, and I ran to grab them from the guy here in-

Robb: This was on a Saturday morning.

Nicki: ... In Montana, who sells packages. He has a commercial apiary, I guess you call it, and sells packaged bees, and that was the day for pick up, rain or shine, and it was like we've had kind of crap weather for this, but I was planning on waiting for Robb to install them, but with rain on the horizon, Zoe kind of helped me gather all my supplies, and we got it done. So bees are installed. The weather's been really cold. We've actually had three bouts of snow since we've [inaudible 00:03:01].

Robb: Yeah. We had one that was one of our largest bouts of snow of the whole year. It came down hard enough and fast enough that the Starlink thing has been able to melt the snow and-

Nicki: Everything all winter, except for that.

Robb: ... And keep in contact all winter, and then that one shut it down for a good three hours. Yeah.

Nicki: So yeah, I'm eerily awaiting warmer weather so the bees can get out and forage, because until then I have to feed them, unfortunately, sugar water to keep them alive, so excited for warmer weather. Lots of dandelions blooming, so that's a good sign. We had to put up a bear fence around it, because we do have bears, and poor little Grizz met the bear fence.

Robb: Twice.

Nicki: Twice.

Robb: In one day.

Nicki: The first time, it was, I think, a brief encounter, because he barked, howled, and then shook it off and was okay. Then, we were sitting at the dinner table, and we hear this awful, awful sound.

Robb: Sound. I couldn't tell if it was a donkey braying or a dog getting gutted.

Nicki: Mulled.

Robb: Like, three dogs fighting.

Nicki: It was so awful, and it lasted for like 30 seconds, and I ran to the front door, because I could hear the sound kind of moving around the house. I opened the front door, and he's there, shaking, like tail between the legs. I went over to Robb. He wouldn't leave Robb alone. I think he was thinking Robb was going to protect him from all the bad things.

Robb: The electric monster.

Nicki: But he normally comes in the back door and will be outside. He loves being outside. Be outside, come in the back door, run through when that's out the front. He hasn't come in the back door, because the bees are sort of towards the back of the house. He's sort of, I think he's massively traumatized, actually.

Robb: And we think maybe he peed on the fence.

Nicki: It was such a loud, it was such an intense response, especially compared to the first one, and Zoe was out there with him the first one. She's like, "I don't know if he recognized that it was the fence that did it, and it was a brief touch, but the second one we're wondering if maybe he peed on it because it was so awful. Anyway.

Robb: And it had just rained, so the ground was wet.

Nicki: His nose is always wet too, so if he touched it with his nose-

Robb: That would be good, but peeing on it. Did we mention on here that I-

Nicki: Do you want to talk about your evil, electric fence shenanigans from your childhood?

Robb: My younger cousin, we bet him \$10 bucks to pee on an electric fence, and it was spectacular, is all I can say.

Nicki: You don't want to mention the Doberman that you-

Robb: We won't talk about the doberman.

Nicki: Okay, okay.

Robb: It's one thing if I-

Nicki: All we'll say is that young boys-

Robb: Are horrible.

Nicki: Are horrible.

Robb: Horrible. Yes, horrible.

Nicki: Yeah, and you were no different.

Robb: Nope. And I was probably more empathetic and kind than most young boys, so keep that in mind.

Nicki: Also, we have a 12-year-old now. Well, we're recording this on Thursday, May 2nd.

Robb: As of release, yes.

Nicki: As of tomorrow, May 3rd, we have a 12-year-old.

Robb: Holy shit.

Nicki: Which is really crazy. Time...

Robb: Sometimes you don't think you're going to get through it, and then about the time you do, you're like, "Fuck. I might want some of that back, but you don't really get it back."

Nicki: No.

Robb: Speaking of which, I'm going to show Nikki a photo here really quickly.

Nicki: Aw.

Robb: That was nine years ago with Sagan.

Nicki: Wow. Robb, this is at a park in Reno, and she's sitting on the turf and holding a pair of keys. Wow. Crazy.

Robb: Yeah, that's right. Right?

Nicki: Mm-hmm.

Robb: Yeah.

Nicki: Yeah.

Robb: Okay.

Nicki: All right.

Robb: Before we start crying

Nicki: Enough reminiscing. Let's see. What do you have for a news topic?

Robb: It's a paper. It's a response paper. It's called Carbohydrate Reduction for Metabolic Disease is Distinct from the Ketogenic Diet for Epilepsy, and this is a

response paper that was put together, and I'm actually going to pull it up a little bit. Can we open this? There we go. The American Association of Pediatrics had 2023 report on low carbohydrate diets in children and adolescents with or without the risk of diabetes. Blah, blah, blah. They had this position paper that was just slamming low-carb diets, and they did the typical thing. The funny deal with this is Lauren Cordain was no better at this, that people get this idea when they go poking around this stuff, that there is a standard American diet, 60% carbs, and then there's a 4:1 ketogenic diet, which is super low proteins, super, super low-carb, and there's nothing in between.

It's as if there's not this huge spectrum in which we have three different macronutrients that we can dial the knobs up and down, both with regards to protein and carbohydrate, but this is essentially a repost stay. There were a couple of points, bias created by conflation of a four to one ketogenic diet with well formulated therapeutic carbohydrate reduction, which is basically like, instead of a kid who has metabolic issues or even type one diabetes, they don't necessarily need or maximally benefit from a 4:1 ketogenic diet. It's been well established, even for epilepsy, that many kids see a benefit from just a low glycemic load diet, where they have some fruit and they have a ubiquity of vegetables, they have a good amount of protein, and then it's kind of a little bit of a fat centric diet, but it looks a lot like an athlete zone, Barry Sears type thing.

Then, a bias created by fear-mongering, nutritional deficiencies not seen in therapeutic carbohydrate reduction, so there are legitimately some nutritional deficiency concerns around a 4:1 ketogenic diet, because basically the kids are eating some protein, butter, and cream, and that's it, and there have been some growth issue problems which get attributed to a lack of carbohydrate, which is kind of funny when it's actually probably basic nutrient deficiencies and whatnot. But you see absolutely none of that on a well formulated, just carbohydrate restricted diet, and we see benefits with carbohydrates as high as 100 grams or more sometimes with the kid, but this is in contrast to the kids eating 300 or 400 grams

Nicki: Or 600 grams.

Robb: Or 600 grams of carbs, which is absolutely bonkers. Then, also, typically these folks become educated about the qualitative nature of this stuff. Funny enough, an apple, although for some people, not appropriate, and we'll kind of talk about that, we have some questions around a carnivore diet here in the actual show, but for many people there is actually a big difference between an apple, soda, apple, and apple juice, like the metabolic consequences are a big deal. If folks remember some of the Robert Lustig, I believe, research, it might not have been Lustig. It might've been somebody else, but it was basically, it wasn't just the story of fructose consumption, but liquid fructose. It's the kinetics, it's the rate at which that fructose hits the liver, and then weird metabolic consequences occurring from that.

So anyway, this is a great paper. It's the American Academy of Pediatrics is killing kids, like they are. Their position is killing kids and/or making their lives more difficult, and you'll have all kinds of people like the kind of Sarah Ballantyne's and folks like that out in the world that will decry limiting food choices for people because this is somehow mean, not woke enough, or something like that. This is just options. This is just providing people options and educating them that, "Hey, if you have a metabolic condition that limits your ability to process carbohydrate, maybe limit carbohydrate." This is uncontroversial in the case of PKU phenylketourea, where people don't process the amino acid phenylalanine, so you get prescribed a diet that is low in phenylalanine. Otherwise, you have all kinds of problems.

So the fact that it's still is controversial to prescribe reduced carbohydrate, but nutrient dense, nutrient adequate diets, the fact that that is controversial is a fucking crime. So this is a great paper, and it actually is calling it out, fear-mongering around nutritional deficiencies, that you cannot extrapolate a 4:1 ketogenic diet with a modified Atkins. You just can't, and it's easy to do side-by-side comparison of a 2000-calorie diet, 4:1 ketogenic, look at the vitamins, minerals, et cetera, and then do a modified Atkins and compare them. There, really, is no comparison, so it's a great paper. Keep that one in your back pockets as people interface with endocrinologists and different doctors with their type one diabetic kids and just kids that maybe have some different metabolic issues. We got to remind people that there's actually a spectrum of carbohydrate restriction, not like an on-off switch.

Nicki: Nice. Well put, Hubs.

Robb: Thank you.

Nicki: All right. The Healthy Rebellion Radio is sponsored by our salty electrolyte company LMNT, and it turns out that electrolytes don't need to be brightly colored and full of sugar. In fact, the brightly colored and highly sugared concoctions on store shelves often contain very few electrolytes, the sodium, magnesium, and potassium that your body needs to perform at its best. That's why we made LMNT the way that we did; all the electrolytes you need and none of the crap you don't.

So remember, if you eat low-carb or keto, if you're an athlete, Spartan racer, BJJ player, runner, biker, if you're a breastfeeding mom, if you have pots, if you have an active or physically demanding job, work in hot or humid conditions, if you work on rooftops and in attics, you work on our highways and bridges, maintaining our critical infrastructure, or if you're just feeling a little tired and need a natural energy boost without caffeine, LMNT is for you. Grab our insiders bundle and buy three boxes. Get the fourth box free. You can do that at [drinkLMNT.com/robb](https://drinkLMNT.com/robb). That's [drinkLMNT.com/robb](https://drinkLMNT.com/robb). Three questions this week. First one is from Charles on reducing cardiovascular risk. Hi Robb and Nicki. I've been following some of the literature.

Robb: You might need to refresh this. It maybe didn't refresh. Just click refresh right there.

Nicki: Okay.

Robb: Because I don't think this was the first one.

Nicki: I think it was.

Robb: Okay. I'm sorry, folks. I just want to make sure. Did it go to the bottom? Did you put it in the-

Nicki: I put this. Sorry, folks. We had a question that was a little more medically related that I had put in here that Robb was like, "You know what? I don't really feel comfortable answering this," and so I took that one out.

Robb: Sorry. We're good. Nicki was good.

Nicki: And I put a new one in.

Robb: Nicki knew what was going on. I ruined everything. My apologies.

Nicki: Yes, yes. So we will restart with this question from Charles.

Robb: Okay, perfect.

Nicki: "Hey, Robb and Nicki. I've been following some of the literature on COVID-19 vaccination and myocarditis, which is concerning. I've also noted the uptick in pop-science articles on sudden population-wide upticks in stroke risk, among other things. I'm particularly concerned about this issue, because I'm 30 years old and male, both of which seem to greatly increase one's risk of vaccine-induced cardiovascular issues. I got scared into getting the Pfizer vaccine in 2021. Following this, more than a couple of men I know died suddenly and prematurely of cardiovascular issues, but I didn't seem to have any such problems.

I've been following your recommendations for 12 years. It made me a bit unusual as a freshman in college, and I'm at my peak health and performance. Objectively speaking, my blood work, about six months and one and a half years post-vaccine, was excellent. Lipids, HA1C, free testosterone, et cetera. I wouldn't be too worried about this, but I sat down to do some bench press last week and got a sudden intense migraine that felt vascular in nature. It got me thinking about all of these exercise-induced stroke-related headlines. So the question is, would you be worried if you were me? Would you adopt any new practices or tweak any part of the ancestral lifestyle? I imagine some people have taken to popping baby aspirin in their 30s for this, but short of that, I don't know what else I could do."

Robb: It's a really good question. Not to belabor this, but it's worth mentioning,

I think this story is slowly emerging, and I think that there's been, and I don't know how to say it any other way than this, like a PSIOP or disinformation falls in the malinformation category, like we had disinformation misinformation, malinformation, and malinformation is that's true, but is inconvenient to the powers that be. And so they don't like that and want to control it. Slowly, there have been some cases, ironically, litigated in favor of patients in Australia of all places because of some vaccine-related injuries and the lack of actual informed consent around this stuff.

And so, the story is emerging slowly, and you've just got to point out also that we have historical precedent for standards that are much lower than this scenario, like the 2009, and even before that, there have been two or three cases of flu-related vaccines that had gone through full testing, were released, and then via VARS, the Vaccine Adverse Reaction database, were found to have enough of a signal of problems that these things were pulled. It appears that within this COVID transfection, we really should get away from calling it a vaccine because it's not a vaccine. They rewrote the definition of what a vaccine is to include this, and rewriting definitions of things is pretty fucking Orwellian. When there's an actual need to update things, I guess that's fine. When it is, so you can just do Orwellian newspeak, it's not fine. And so, that's all that stuff there, so I think that there is a legitimate concern. The fact that you've gone this long without issue, it seems like the longer down range, potentially the less likely that there's going to be some problems, but I provided-

Nicki: I think it sounds like the more boosters also, the more doses-

Robb: Absolutely more, yes.

Nicki: ... The more heightened your chance of something.

Robb: Without a doubt, that is fairly clear in the literature, and there was also a story of a guy in Germany that had 200 boosters or something, and he's still walking around alive. So this is a thing that, within the laws of big numbers, there's going to be one knucklehead, like that guy that is like, "No, these things are completely safe. I'm still alive," and it's like, "Well, you possibly dodged the bullet or for your makeup and your situation, I guess that's all fine." I can't believe that he was allowed to do that, but-

Nicki: That many.

Robb: ... He was.

Nicki: Wow.

Robb: And then, you have other people clearly that, we know people within the jujitsu community that were forced into getting the vaccine, and were otherwise in good health, and went to sleep and didn't wake up, stuff like that. So anyway, the two thoughts that I have, and it's funny that Charles mentioned the baby



aspirin. I have a STEM talk episode where they talk about pro-resolvins, pro resolution modulators, and it basically involves a modest amount of fish oil and a baby aspirin, taken at a somewhat randomized interval, not necessarily every day on the baby aspirin, but kind of punctuating it in. The idea there is that part of the inflammatory process, we need an initial stage, and then a resolving stage, and that people can oftentimes get stuck in a situation where they just don't resolve. I think that that is a model that we could look at and think about from this perspective with the spike protein.

And that's just an aside too. The longest that the spike protein has been tracked via study was 90 days post transfection, and then they quit looking. We don't even know how long that shit continues to be produced in the body, but that does seem to be one of the most concerning features from an inflammatory perspective. Some people have talked about fairly aggressive fasting, because you get that autophagy and you get the cellular turnover. Maybe you do some of that. Maybe you do some of that in conjunction with some smart strength training so that you maintain muscle mass and you make the autophagy more systemic and a little bit less on the muscular side. The other thing that I have here is the link to the COVID Critical Care Alliance, where they had protocols for early stage COVID exposure, and then late stage COVID exposure.

Then, also they have some protocols for dealing with vaccine complications, and they have a couple of different protocols on there. I really can't speak to the efficacy, and clearly this is all medically related stuff, so you got to make your own decisions around whether or not you do it. There's risk-reward with everything, so you have to be aware of that, but those are two resources I think, that are at least worthwhile, looking into. Then, beyond that, when we're thinking about inflammation and blood clotting and whatnot, adequate omega-threes are a smart thing to have, an adequate vitamin D, ideally vitamin D from the sun. If you can't get the vitamin D from the sun, then get it from other sources. Make sure that you're getting some K2 in addition to the vitamin D. That's where the D3, K2 drops are a really nice option, because they're pretty easy to meter out. Sleep, exercise, meditation, everything that goes into basic ancestral health and good living is going to stack the deck in our favor in this case.

Nicki: Cool. I'll put those links to these items that Robb just mentioned, that STEM talk episode and the COVID-19 critical care in the show notes for anybody who wants to check those out. Let's see. Our next question is from Rob, about more protein as you age. "Nikki and Robb, first of all, thank you for all that you've done through your books, podcasts, talks over the past several years. I know I don't only speak for myself when I say that you've truly changed my life for the better, not only when it comes to nutrition and training, but also in terms of navigating this increasingly nonsensical world we're living in. I'm a moderately active lean, probably around 150 pounds, 6-foot tall, 38 year old man.

My physical activity generally comprises several walks every day, totaling

around 8,000 to 12,000 steps per day, and I lift three times per week. Full body, starting strength-esque barbell program called Grey Skull. My sleep isn't the best, averaging seven hours in bed, asleep for all but maybe 10 to 15 minutes of that time, but I wake up feeling good in the morning. Stress management is on point, although the 10 to 15 milligrams of nicotine I get per day via tobacco-free pouches may work against that some days, depending on the rest of my stress load. I generally eat moderate to high carb, 200 to 300 grams per day, and my total caloric intake is generally around 2500 to 3000 calories per day. My protein intake is currently around 250 grams per day. To be honest, I just love protein.

I find protein shakes to be convenient for breakfast, and I love eating meat, fish, etc with other meals, generally around two pounds per day, on top of the two large scoop protein shake. I also tend to feel better when I eat a ton of protein. My fat intake, as you can tell, is pretty low. All this seems to be working for me pretty well in terms of progress at the gym, sleep, energy, and all else; however, I'm a bit curious about my protein intake. At 250 grams per day, I'm well above what's recommended. I'm not concerned about this being detrimental or damaging in any way; however, I'm a bit concerned that, as I age, my protein requirements may go up. I'll need to eat even more than this to compensate, so will I need to eat more protein as I get older, or is my current intake so high that my rising requirements will still be met? If this is potentially going to be an issue, what steps might I take to figure out what my protein intake might look like now?"

Robb: So long question with one of the shortest answers that we're going to have on any of these things. It's the latter in this, like you're going to be covered. The amount of protein that you're eating already is going to be-

Nicki: More than-

Robb: 99.999% likely to be fine. To your point, it's not detrimental that you're eating extra, but for nitrogen balance, satiety, and all the rest of the good stuff, nutrient density, and everything, you're killing it, you're good. That's not really going to change.

Nicki: Awesome. Rob, I know hundreds of people that wish they loved protein as much as you, because a lot of people, especially women, struggle to get their daily requirement.

Robb: And this is where we've done stuff like the food matrix or an understanding of...

Nicki: Palatability to make it more palatable.

Robb: Palatability and whatnot, so if the person needs 40 grams of protein, you may get 20 from steak and 20 from shrimp, and it just makes it so much easier to get all the protein in versus like 40 grams of protein from either steak or shrimp. Yeah.

Nicki: Okay, Robb. Carry on. And that was, Robb, the question [inaudible 00:26:27].

Robb: The other Robb, yes.

Nicki: Okay. Finally, we have a question from Tim. "Are veggies as bad as they say? Hey, Robb, I've been following you on and off for almost a decade now. Started paleo due to you, and have fallen off the wagon now and again. My wife is Ethiopian and not on my health bandwagon at all. We have issues occasionally due to me eating a different meal all the time, because I'm more carnivore, and her more traditional Ethiopian dishes have many veggie dishes," and I think that's pronounced Inhera or Injera?

Robb: Injera. It's not Spanish.

Nicki: Injera? Okay, it's not a silent J? Okay, "Which is their flatbread made with teff, which is a staple. I was leaning carnivore and listening to Chaffee and others saying Veggies are absolutely, 100% awful. I would like to share a meal with the wife occasionally to make her happy, and wonder if things like cabbage, kale, lentils, et cetera are as bad for me as all the others say. I trust your opinion more than most and thought I would shoot you this question."

Robb: Thank you, one, for the trust and also for the question, but I guess as a preface, and this is going to be kind of funny, I bitched about this a little bit. I did my accounting paper on the lean mass hyper responder, and it was generally well received, but what was interesting about that is that, one, there was a cross section of people that are moronic and dumb enough that they didn't actually understand what I wrote, and so they just assumed that it was an attack on the lean mass hyper responder scene in low-carb, and it was interesting to see some of the responses. I did jump on a few people with both feet, because it was just inane. I kind of thought that at least some of these camps are beyond the tribalistic retardation that we had on that, but no, it was just full fucking bloom. So all of this, my exculpatory clause going into this, I couldn't be a bigger fan of keto, I couldn't be a bigger fan of carnivore. I think that these things have been amazing for people.

You have folks like the Petersons, Jordan and Michaela, that I think that they would love to do something more than what they're able to do, and they can't. They're like raptors, pressure testing the fence, and when they go outside of a specific cut of meat, a couple of meats, and water, warm, cold, bubbly, and not, and salt, and that's their world, and you don't think that they would like to do something beyond that, anything beyond that, it's ridiculous, but they get sick, at least so far. I think it's amazing that we're finally at the spot where we can just entertain the possibility that if somebody's really legitimately sick, here's an option to try. I know that there are all these young kids that want to be jacked, and they see Sean Baker, and Sean Baker's jacked, and so they're going to be jacked, so the first time that they eat something besides pizza and burritos is a

carnivore diet, and I think that that's kind of silly. There's a whole spectrum of things that you could do to jump into that and just generally clean up your diet.

Nicki: Clean up your food. Increase your protein, but still have the variety of some fruit and vegetables.

Robb: So I think that this thing, again, becomes such a story of individual needs. I put a couple of links in here, and they're to the mid-Victorian diet, which is really an interesting concept, because it exactly kind of emulates what we saw or what we put forward with the paleo diet, but apparently it's so much less controversial, and what's funny is they do the same explaining at the front. It's like, "Well, health was very bad, and food quality was comparatively bad," and then food quality improved and health, longevity, height, infant mortality, all these things improved, and you had a good 50 to 60 year run on that. Then, food started getting more processed. Sugar consumption increased, fruit and vegetable consumption decreased, meat consumption overall decreased, and not surprisingly, health plummeted on the back end of that, and it wasn't until into the later 20th century that we started seeing some of that stuff undone. And so, this mid-Victorian diet, what is interesting is they really emphasize the fruit and vegetable increase.

They downplay the fact that people were eating a non-trivial amount of meat and fish, and that was one of the things that really changed with the mid-Victorian diet, is that enough trade, enough infrastructure, enough industrialization had occurred that people were able to afford, even the poor, were able to afford significantly more protein, more animal products, dairy, fish, and interestingly, they were eating more fruits and vegetables, without a doubt. Before that, what people were eating a lot of was hard-packed bread, that was very nutrient poor, tended to produce nutrient deficiencies. You had tooth anomalies, you had B vitamin deficiencies, you had stunted stature, you had all kinds of problems with infant mortality in that pre-Victorian era or the early Victorian era. If you go to some places in Europe where it existed during the dark ages, the fucking doorways are like four feet, eight inches tall, because people were really short. You see suits of armor that are really short because their diets were crap.

Then, this really reversed when people eat more protein and, funny enough, fruits and vegetables. Now, I am kind of the opinion that if you look at this really honestly, you can get away with varying amounts of plant materials, so long as you get adequate animal inputs. So there's certain things like B-12, folic acid, and some pre-formed B vitamins, that you just get them better from animal products, and there's just no two ways about this. Then, from there, there might be some things like vitamin C. There might be some other novel nutrients that are valuable from plant materials. Maybe they're critical to life, but the list of things that you just absolutely have to get from plants is pretty short. The list of things that you preferentially get from animal products is, I think, comparatively long, so I do think that there's a break point where if animal product input is low

enough, then plant materials become a problem. When people have metabolic issues, plant materials are a problem.

If people have gut issues, plant materials are really a problem, ironically, and I'm kind of in that thing, where apparently I've lost a bunch of diversity in my gut, but I don't know how to get it back, because everything that I do to try to reestablish it makes me sick. I'm just in this kind of stuck thing. I continue to fiddle and tinker with this stuff, but this is where the long and short Tim is, so long as you have these veggie-inclusive meals and including lentils, like if you do lentils, soak them and sprout them. Go back to all the Weston A. Price stuff, and look at what they do with that. I bet, in traditional Ethiopian cultures, they probably soak and sprout this stuff. I think the teff that they use for that flatbread is traditionally soaked and sprouted, and then milled and used in this way, which improves nutrient density, decreases phytates and all the evil things that the carnivore doctors tend to talk about, so tinker with it. See how you do. Again, the old, how do you look, do you feel, how do you perform?

Nicki: N equals one.

Robb: N equals one, and then a happy wife, happy life. There is definitely that as a consideration, but this is where some days-

Nicki: If he doesn't have some overt gut issues where these vegetables are either causing inflammation or gut problems, I know carnivore might be appealing and sexy on the one hand, but doing more of a paleo diet, focusing on protein and having some of these side dishes that his wife is making with these vegetables seems like a solid plan.

Robb: Right, right. I mean, not to throw him under the bus too hard, but in respect to people who changed their position on stuff. But Paul Saladino launched into the scene, and he was like, "Absolutely no plants. Plants will kill you," and he was so emphatic about this stuff," and I've always been in the position that, with grains and with legumes, there's potentially anti-nutrients and some of these things that are really suspicious from the perspective of autoimmune disease, and even things like tomatoes, which I've discovered for myself are actually a pretty significant problem. But he went from that, and then included dairy, and then lots and lots of fruit, and then a lot of honey. Again, you could ascribe that to just growing and modifying the position, but also maybe launch into this stuff with like, "Hey, this is a good starting place, and here are some theories behind why this might be good," but instead of just the-

Nicki: You don't get you the clicks and the-

Robb: You don't. You don't.

Nicki: You have to really draw that line in the sand with a crowbar to like-

Robb: And then the down-side, that's fine. You get more clicks, you get more

stuff, but then the people like me are going to kind of roast your balls a little bit later because you were so fucking certain, and my thing has always been, here's a starting place. Give it a shot for 30 days. How do you look? How do you feel? How do you perform? Check biomarkers of health and disease, and then reassess. If things aren't working, let's figure out, "Well, okay. You have a lot of vegetables and you're still having gut issues." Let's look at the, "Oh. You're having a bunch of raw vegetables. Let's try cooking them. Oh, that fixed everything. Okay," or "You're still having some problems. Let's reduce the number of them," and there's a bunch of iterative things there. The kind of cool thing about doing these podcasts and doing other people's podcasts is I have this fairly unbroken record over the last fuck, nearly 20 years.

Nicki: 20 years, yeah.

Robb: And my thing, I've always said I would like to see people eat as broad a diet as they can without suffering consequences, or if you have consequences, make sure that the consequences are worthwhile for you. You make the decision, not some guru. I've got my ideas, but the reason why I eat the way I do, I would love to have more latitude with what I do. This is just the shit I got to do to not die. It's funny. Chafee, I like Chafee. He's a good dude. He's jacked and everything, but it's chafing, the certitude that these folks have. And again, I think they're doing good work. They're helping lots of people. There are lots and lots of people with autoimmune disease in particular, and gut issues in particular.

I would absolutely do a UFC style challenge with like a Lane Norton, an Alan Aragon, or anybody in the scene, but I would do a Procrustian bet on this. I would set it up so that I'm going to win and I'll set it up. We get a group of people that have gut and autoimmune issues. You do your protocol, I will do my protocol, and I will kick your ass, because if you got gut issues and you've got metabolic issues, this is one of the things I'm certain of, you are way more constrained about the that you can get away with, and not hurt people versus actually be able to help them more. You're just not going to give them salads for days and lentils, rice, and all the rest of it. You are just fucking not. You're not going to do it, and so I would throw that challenge out anytime.

If they beat me, then I'll close up shop and be off the internet and I'll be done, but you fuckers, if you're going to do it, you take the same challenge. Are you willing to go head-to-head on that? But again, this is a completely pre-crucian bet. I'm setting that up in a way that is a subpopulation of people, that the optionality is tiny. Most people aren't that way, and we have to remember that. This is some of the bugging characteristics, and this is one of the reasons why I really appreciate Sean Baker. He is as gung ho on the carnivore diet as anybody, but he routinely says, "Hey, man. Do whatever works for you. This is just what I do, and these are some interesting things. If you've got not immune issues, you don't give it a shot, what have you got to lose?" And that's just an honest, reasonable spot to be versus this just, whatever this is.

Nicki: There's only one true way.

Robb: Yeah, there's one true way. The historical reenactment, I'm one of the only people in this scene that has actually lived as a hunter-gatherer for some period of time.

Nicki: This is true.

Robb: And I killed a fucking elk with an [inaudible 00:40:13]. I'll tell you what; In the interim, we didn't get much nutrition out of the plants around us, but we ate the fuck out of them. Just wandering through the woods, you would identify like some fiddlehead ferns and some different things. From a caloric standpoint, there is no way you support a homo sapien on that stuff. Not anywhere in a temperate climate, but you sure as fuck eat it and I remember I would only have a bowel movement about every three days, but it looked like something the Hulk would shit out, because it was just like this fibrous, green, twiggy, little nugget because I was so hungry that I was just extracting every tiny bit of nutrients that I could out of this stuff.

So the notion that Plains Indians or hunter-gatherers, broadly, if you're Inuit, fine, you're not eating a lot of plant material because it doesn't exist. You're on the ice flow a chunk of the year, but even then, when lichen is available, when blueberries are available, Inuit ate those things. And when people have opportunity to consume other plant material stuff, they oftentimes do. You maybe have some examples, like the Maasai that are legitimately, pretty milk centric and whatnot, and they do a very minimal input of plants, but they also don't have a lot of plants around them that are amenable to consumption, so yeah.

Nicki: That was quite the monologue, diatribe, rant.

Robb: I had a cup of coffee today instead of tea. Maybe it worked for me. Yeah.

Nicki: Kicked in. Kicked in. All right, Tim. Thank you for the question. I will put these two links that Robb has here to the mid-Victorian diet studies in the show notes for anybody who wants to check those out. I think that's a wrap for this week. Any final thoughts, hubs?

Robb: I got nothing. I left it all on the court.

Nicki: You left it all on the table? Okay`.

Robb: Yeah.

Nicki: All right. Well, folks, thanks for joining us. Remember to check out our show sponsor, LMNT, for all your electrolyte needs. You can find that at [drinkLMNT.com/robb](http://drinkLMNT.com/robb). That's [drink L-M-N-T.com/robb](http://drinkL-M-N-T.com/robb). Thanks for joining us this

week, and we'll catch you all next time.

Robb: Bye, everybody.

Nicki: Bye.