

**Dr. Jill** 00:12

Welcome to *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in functional and integrative medicine. I'm Dr. Jill, your host. In each episode, we dive into the heart of healing and personal transformation. Today, we're talking with Dr. Lindsey Berkson, who specializes in complex cases, high-risk hormonal patients, and severe GI types of symptoms and cases. I want to introduce her, and then we'll dive right into the interview.

**Dr. Jill** 11:11

Dr. Berkson is a thought leader in functional medicine, with an emphasis on hormones, nutrition, digestion, and intimacy. She was a distinguished hormone scholar at the world-renowned estrogen think tank at Tulane University because she wrote one of the first breakthrough books on endocrine disruption, *Hormone Deception*, published by McGraw-Hill in 2000. Today, stay tuned, women and men. We're going to talk about hormones and why you can live life vibrantly into your 60s, 70s, 80s, and beyond when you optimize hormones. Yes, yes!

**Dr. Jill** 01:07

Dr. Berkson has taught re-licensing seminars to professionals—MDs, pharmacists, chiropractors, naturopathies, doctors, acupuncturists, and nutritionists. That's where we've met—in some of the training and teaching. She formulated the first female nutraceutical line for physicians in the U.S. She has a wealth of knowledge. We're going to dive into crazy, insane hormones and how to have some sanity in a crazy world today. Welcome, Dr. Berkson, to the podcast!

**Dr. Lindsey Berkson** 01:33

It's so great to spend some time with you, Dr. Jill. I really think you're one of the most authentic and smartest thought leaders that I know. To have time to hang out with you and have a narrative that your audience can get in on—I'm so excited. Very delicious. Thank you very much!

**Dr. Jill** 01:50

You are welcome. You are very in demand as well, and it is such an honor. We're

recording on a weekend. We were like, "Can we do this?" "Yes, let's do this!" So I'm super excited that it worked out for both of us.

**Dr. Jill** 02:01

And today our topic is hormones. Right before we went on, we were comparing stories and strength. Yes, exactly! Look at that. And I think you don't mind sharing your age, do you?

**Dr. Lindsey Berkson** 02:12

No, I just turned 75 about a month ago.

**Dr. Jill** 02:15

Unbelievable! And if you're listening out there and you're like, "That can't be me," that's why we're here today. We both believe that when you live authentically, take care of yourself, and optimize hormones, we're going to dive into how you can too have that kind of body of Dr. Berkson and health.

**Dr. Jill** 02:32

And more than just the body is health, vibrancy, and the mind. You put out an incredible blog every week. The body is amazing because we can be strong, hike, and do things with our friends. But the brain may be even more important, right?

**Dr. Jill** 11:11

So let's go back, though. How did you get into hormones and optimization? Let's go back to your story first and then we'll dive into what people can do.

**Dr. Lindsey Berkson** 02:55

First off, I love the title of your podcast, *Resiliency Radio*, because it's all about resilience. Life hits any of us. Crises occur in just a split second. How you have lived your life, the tools that you have in your tool bag, and the team that you've assembled when something hits or shows up so that you can get back on track and not worse than before—that is the real deal.

**Dr. Lindsey Berkson** 03:22

And I'm honestly a hedonist. I love to feel good. For much of my younger life, even though I early on heard about organic gardening and that your body is the temple and detoxing—I lived in India in ashrams, I was a yoga teacher—and I was doing

everything right, but I kept getting cancers and feeling awful. I have struggled with how to come from what the doctors then called a lemon body.

**Dr. Lindsey Berkson** 03:55

I remember when I was in my mid-50s, Dr. Blevins, my endocrinologist here in Austin—after I'd had my kidney removed from kidney cancer, after I'd had breast cancer, and I'm living the life that people go to once they're diagnosed with cancer and they clean up their act—he said: "You're just going to have to accept that if life is a book, you're in your last chapter and you are never going to be one of those people who have great health. So you just have to suck it up and accept it."

**Dr. Lindsey Berkson** 04:27

And now, in my seventh decade, it's been a fought-for prize. I have the best health that I've ever had. I started a women's kayaking club here. I go dancing. I work out at the gym every day. I've been flying. In September and the first week of October, I was on 22 airplanes lecturing in five cities and working a four-year contract one week a month in Naples at Dr. Perlmutter's old clinic. I have been in a place where most people are in their 20s—in a career that's taking off.

**Dr. Lindsey Berkson** 05:03

That's what I want to share—how you can feel good. And when you don't, when something shows up, then get back on that track and we're not taught that, which is why I love your podcast because these are the tools I know you're sharing.

**Dr. Jill** 05:18

I love that! I've always loved you. And I love you even more for sharing what you've been through. And I'm sure the story is way more than you just shared. But to go through multiple cancers and not only survive, but you are clearly thriving—we want to know your secrets. I think it's so important for people to hear—not that you and I are unique because I've overcome cancer too.

**Dr. Lindsey Berkson** 05:37

I know. We have a sisterhood of that, don't we?

**Dr. Jill** 05:40

We do. But if you're listening out there, you might look at us like, "If they can do that, what about me?" We're here to tell you that you have this potential as well. And that's what resiliency is.

**Dr. Lindsey Berkson** 05:49

That is exactly right.

**Dr. Jill** 05:53

With my listeners, there are more women than men, but there are a lot of men out there too. But let's talk to women for a moment, 35- to 65. Maybe we're catching them a little bit before you and I, where we've had cancer and had to recover. What advice would you start with for 35 to 45-year-old women before they hit menopause?

**Dr. Lindsey Berkson** 06:12

First of all, it's always good to start developing... Everything that you do is a habit that becomes a tool that helps. It's great to start developing an awareness of how you occupy yourself—body, mind, and spirit. And that's a lifelong journey. In our world today, because we're all doing, doing, doing, many of us are in our heads. And we need to be in our heads to succeed in this culture. But we occupy body, mind, and spirit. And how congruent and how deep.

**Dr. Lindsey Berkson** 06:45

When I go into the gym, I can spend some delicious time tuning in and seeing, "Where do I need to stretch?" "What needs more of a workout?" combining some prayer and mantra—affirmational processes while I'm working out. I've developed these tools. If I tweak or hurt something, I can attend to it. I don't always have to go to a professional. I think it starts with the desire to develop an awareness of all the levels in the bodies that we occupy, figuring out: What do I need to do if I'm off on some of these areas? Who do I go to? What do I need to do to get it tested or evaluated so I can get back on?

**Dr. Lindsey Berkson** 07:30

I always think that the larger your tool bag that you develop as you move through your life, the better you are. Having a pharmacy in your home of some antibiotics, ivermectin, nutraceuticals, or whatever you've got, you're ready. You don't always

have to go to a professional. But there's a learning curve to get to that point. I think it's about awareness and then action from that awareness.

**Dr. Lindsey Berkson** 07:55

And then, of course, we're always looking for that set of easy answers or that synolytic medication like rapamycin and anti-aging medication. But true life is a tapestry of many, many things. And it's important because we live in a body, mind, and spirit to attend to and caretake yourself on a number of those levels without driving yourself crazy. You don't have to be perfect all the time. But most people don't push themselves. Most people don't get their hormones evaluated. Most people don't get their biomes evaluated or have a relationship with incredible healers. If you get ill, you can go get some ozone and whole blood irradiation. And you even know that that's available to do. So that's the kind of thinking.

Is that an awful lot? It was maybe too much at once.

**Dr. Jill** 08:48

No! It was perfect. There is one thing I heard as you were talking that I have learned and I know you've learned it and that I want to share with our listeners. At least for me in my 20s and 30s, I was going hard. I was training for medicine. It was just, "How do I survive and suppress my body so that I can move forward?" In that suppression, that dissociation from actual pain and feeling, what I did was disconnect my mind from my body. My mind was like: "Shut up, body. Behave. I need to do this work." And in doing that, I got disconnected from: "My stomach's a little upset. I need to rest." Or, "I have a queasy feeling in this room of people. There may be some dysfunction or bad energy." All these things. I'm giving silly examples. But the bottom line is that our body gives us signals every day of what we need to do and how we need to take care of it. And that's what you're describing in the gym.

**Dr. Jill** 09:38

Instead of going online [where] we have an influencer that tells us we need to do this core workout every day, you're saying: "Sweetheart, what do you need from me today?" Talking to ourselves with kindness and loving compassion and checking in. I think so many of us, especially if we're professionals or working hard, have lost that connection. And what you just described is that at the gym, you're checking in with your body: "What do you need from me today?" That's such a kind way of being. And

our body responds so much better to that than being like: "Shut up! I've got to run five miles today." Right?

**Dr. Lindsey Berkson 10:12**

That is so exactly right. Sometimes I get in there and [say]: "I feel like I just need stretching today. I don't need to push myself today. It's been a little too chaotic." So I go to a place that was purchased by Life Time right before the pandemic. But before that, it had been owned by a private owner named Beito. I'm in Austin, Texas. It's on a lake. The gym owns the quarry lake right behind it. And there's one more opposite Whole Foods, the corporate headquarters downtown. He had printed on the doorway to both of his two gyms the saying: "Never, never, never give up."

**Dr. Lindsey Berkson 10:51**

When I walked into the gym, it was a sacred time. Life can pull you apart if you don't have the tools to keep yourself comfortably and sanely together. I would read that—"Never, never, never give up"—and I would instruct my molecules: "Do you hear that? Do you get that?" And I would start the conversation with my molecules throughout my day. I don't do this all the time to drive yourself crazy, but I have a conversation with my molecules on body, mind, and spirit to check in and see what's going on.

**Dr. Lindsey Berkson 11:24**

I live in the Great Hills, so I have a steep home with steep stairs. I run up those stairs. Often, I give thanks at every single step. And when I come down, I think of the people in my life who've contributed to me and I give thanks to them. To me, you're just adding in little moments of graciousness, which seems to somehow not be culturally trendy. But I feel better when I surround myself or act within graciousness. So that was great of you to pick that up. That's exactly right.

**Dr. Jill 11:54**

I love that. Love and gratitude are one of the most coherent states of our cells and our mind and our body. There is real science behind continuing to daily, moment by moment, keep going back to that state of gratitude and love because our cells love that state energetically.

**Dr. Jill 12:13**

Something else you mentioned: Hormones. I think hormones are our core. Optimizing them. I get text messages all the time: "My doctor said I'm fine. I don't need hormones." Let's just give a big overview. Why are hormones important lifelong? And what's the landscape that's made this dysfunction and this insanity around hormones?

**Dr. Lindsey Berkson 12:36**

Wow, what a well-said question! First of all, my life was ruined by hormones and my life has honestly been saved by hormones. Within the context of the story, I'll go to that in just a few minutes. But who knew that my whole passion would be hormones?

**Dr. Lindsey Berkson 12:56**

Hormones are extremely confusing right now in this culture. Most women, when they inquire of their well-intentioned physicians—"Am I a candidate for hormones?"—they'll often hear, "I don't believe in hormones." But they're not a religion. They're not Muslimism or Christianity; they're a physiologic fact. But no longer are hormones really taught in medical schools, osteopathic schools, naturopathic schools, or chiropractic schools.

**Dr. Lindsey Berkson 13:25**

I don't understand it. Urologists, gynecologists, endocrinologists—they should be the people that we would think we would go to for our hormone health. But most of them are either just handing out birth control pills or, for men that are 60, when they ask their well-intentioned doctor to run their hormones, the doctor is comparing their reference range of levels to a 60-year-old man, when ideally, with hormones, you want to get to the reference range back to when you were 25 or 30.

**Dr. Lindsey Berkson 13:53**

Why are hormones even important and why are they not honored in the medical curriculum anymore? Hormones, hard to believe, are not just about reproductive and sexy things. And that's how most people think of hormones. "I don't have to pay attention to them unless I'm menopausal, I'm pregnant, or I want to freeze my eggs" or something like that. But the real, unappreciated, and extraordinary role of hormones is that your body has an internet system. Cells get emails to be told what to do to carry on your life.

**Dr. Lindsey Berkson 14:28**

The most powerful cells are the ones that get the signals that can put their hand deep inside your archival library, where you get all this legacy information from your parents and your grandparents. All your genes are in there. Hormones are the only molecules that can get in on genetic information and pass that genetic information on to cells to tell cells what to do. There are other signaling cells, but these are the premier cells that can get in on your genetic activity.

**Dr. Lindsey Berkson 14:58**

And why vitamin D is so famous at the moment is that it's also a vitamin, which means we need to take it in every day; we don't make it. But it is also now a prohormone, meaning that it can also speak to genes. Vitamin D is now part of that exciting family.

**Dr. Lindsey Berkson 15:11**

We've got a hormone nuclear family of molecules that, wherever there is a satellite dish in the body to receive the email system from this hormone, those hormones act. You have these satellites all over your brain. Hormones have incredible influence over your ability to think, to be aware, to store memories, and to have motivation.

**Dr. Lindsey Berkson 15:39**

You have hormones lining your vocal cords. The woman who does my pedicures always says: "You're so old, but you don't have an old lady voice." It's because I've been taking hormones.

**Dr. Lindsey Berkson 15:51**

We learned in COVID that the lungs are lined with progesterone satellite dishes and progesterone signals help heal and repair the lungs. Mount Sinai just published the results of an experiment where they took men in the ICU with severe COVID. We know that they're at risk of a ground-glass appearance of their lungs and complications from ventilators. If they gave these men a 100-milligram IM BID injection of progesterone, meaning twice a day, they had shorter times in the hospital. They didn't get that ground-glass complication in the lungs. They healed faster.



**Dr. Lindsey Berkson 16:29**

Wherever there are hormone satellite dishes, smart practitioners can utilize hormones, not just for menopause, sexy things, and pregnancy, but to heal the body. We hear about leaky gut. I know you're a big gut doctor, and you overcame inflammatory bowel disease as well as breast cancer. You have this passion and these tools now to help other people. Part of keeping that gut wall safe are these little adhesive proteins that allow enterocytes, the single cells that make up the real thin lining of the gut, to open, close, open, close. And if it stays open too much for a variety of reasons, then we can get autoimmune diseases, leaky gut, and so forth. Hormones have satellite dishes all over these adhesive proteins, so progesterone, estriol, and estradiol. They help the gut wall.

**Dr. Lindsey Berkson 17:23**

My gastroenterologist let me give a presentation to the gastroenterologists at Austin Regional Gastroenterology because I had six or seven of their young female patients with inflammatory bowel disease, some of whom were told they needed a colectomy stat. They didn't have cancer, but they had so many dysplastic cells and cells that were changing abnormally and this and that. I literally utilize hormones wherever there's a satellite dish. I gave estriol, progesterone, and testosterone in small amounts—these are women in their early 20s—along with low-dose naltrexone, identifying their food, etc. And within two to three months—literally two to three months—their follow-up colonoscopy showed tremendous improvement. And at the six-month period, all seven of these cases that I presented to Austin Regional Gastroenterology were clear, looking like they never had disease.

**Dr. Lindsey Berkson 18:17**

I said to my gastroenterologist, who I like so much... I mean, when you need a colonoscopy, you need a colonoscopy. We need each other. We need everybody. But I said: "I don't know how you practice gastroenterology without also embracing endocrinology because you've got satellite dishes for hormones all up and down."

**Dr. Lindsey Berkson 18:41**

I've created a new treatment for Barrett's esophagus, which used to be thought to have no treatment. It's when the cells start to change in the lining of the throat, putting you at increased risk of esophageal cancer. We know that there are

oxytocin receptors, another hormone. We think of it as the love hormone, the pregnancy hormone, and the orgasm hormone. But oxytocin has tremendous activity in the gut. I mix it with something called Mucolox that helps adhere it up to the esophageal wall. And with pre- and post-endoscopic imaging—I haven't done it on more than, at this point, five or six patients—we've reversed and gotten rid of Barrett's within a year. So I presented that to my gastroenterologist.

**Dr. Lindsey Berkson 19:25**

But the way medicine is set up today, everything's so compartmentalized that he said: "That's amazing. That's fantastic. And all that data you're sharing is from our own journals, from gastroenterology journals." But if we had a hormone issue, we'd send them to the endocrinologist. There isn't this crossover, yet in the body, there's this crossover.

**Dr. Lindsey Berkson 19:51**

I try and go around educating people, especially now that the planet is encircled in many whirlwinds and layers of potentially multiple endocrine-disrupting compounds that are now in the amniotic fluid of millions of healthy young Americans. We have microplastics in the sperm, egg, placenta, and mother's milk. The genetics for your life are set up in the womb by the health of the mother and father before they got pregnant and how clean all those fatty-rich tissues—the egg, the sperm, the placenta—will be. And they're not clean anymore; they're filled with plastics.

**Dr. Lindsey Berkson 20:37**

We now have kids 13–15 [and even] in their 20s that have hormones at the level of 60 and 70-year-olds. Everything is changing. At Tulane, where I was a distinguished hormone scholar, we had several main questions that the scientists were always having incredible conversations on. And one of the questions, and this is 20 years ago, is gender bending coming down the road? I mentioned this in *Hormone Deception*. And then I wrote a book called *Sexy Brain*, where I claimed that we had the threat of environmental castration. This was published in 2017, where I said: We don't want to connect anymore in the old ways of connecting. But how much of this is due to chemicals, not necessarily our true choice?—because hormones rule your brain. The outer world has gotten in on our hormonal inner world, which should be

the most powerful internet system we could have, but we have email freeze going on—and earlier than we ever thought.

So does that download it in a nutshell?

**Dr. Jill** 21:45

Oh my goodness, I'm thinking so many wonderful things as you were talking. First of all, that's why I was just silent. You have such a great way of explaining things. The 'satellite' and the way you describe it is so practical for those listening. Like: "Oh yes, the signals—we need these signals" in all ages of life in all areas. There are a couple of things I want to comment on and get your ideas and thoughts on.

**Dr. Jill (pre-recording)** 22:06

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by [ReadUnexpected.com](http://ReadUnexpected.com). There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

**Dr. Jill** 23:01

First of all, you mentioned progesterone. With concussions and progesterone, there are good studies on healing the brain. Lung. Who would ever think this? In medical school, I can attest to this, we were taught: "If you don't have a uterus, you don't need progesterone."

**Dr. Lindsey Berkson** 23:16

Right, that was the old saying: "If you don't have a uterus, you don't need progesterone." "That's the only thing it does—protect the uterus," right?

**Dr. Jill** 23:22

Right. And now we know that all over the body, for men and women, progesterone is crucial. Now, this is a little more complex than we can go into here, because what you want to end up doing is finding a good anti-aging functional-integrative doctor that is trained in hormones that can assess all of this. You really do need a physician or a trained practitioner who can understand and test. Even for me with breast cancer, probably for you as well, we want to say: "Where is that going? And is it going down pathways that could cause damage to DNA?" Because it talks to the genome and [can] cause breast issues or endocrine issues of any sort.

**Dr. Jill** 23:55

But I want to go back to one thing that was so important and interesting. You talked about inflammatory bowel disease and the lining of the gut. And of course, as a survivor, I've known this, but you mentioned oxytocin. I want to go on a little tangent with oxytocin. And I wanted to just mention—

**Dr. Lindsey Berkson** 24:08

My newest book that's not out yet is on oxytocin. And I'm really having trouble with the title. Maybe you can help me with the title [inaudible].

**Dr. Jill** 24:14

Awesome. We'll talk. I have some ideas. Oh, my gosh.

Maybe seven or eight years ago—it was kind of an accidental thing and then there was data to support it—we saw low MSH, which is melanocyte-stimulating hormone, as a huge part of mold-related illness. When you have no MSH, it's hard to regulate the symphony in the pituitary and hypothalamic axis. Your ADH, which is antidiuretic hormone, which is also vasopressin, or these things—

**Dr. Lindsey Berkson** 24:43

Right. And oxytocin and vasopressin are right on the same receptors all throughout the gut. Yes.

**Dr. Jill** 24:46

And on the posterior pituitary. They hang out there together. And they're the only two on the posterior pituitary. I can't remember if it was an article I read or what but I started in clinical practice saying, "Let's try oxytocin with those with low

MSH." Guess what? No surprise. It improved it. But here's the link to inflammatory bowel that's going to blow your mind. There are studies in a mouse model where they can induce Crohn's and colitis-like inflammatory bowel disease—

**Dr. Lindsey Berkson** 25:13

By making them knock out oxytocin mice. I have those articles in my new book that's going to be coming out. And that's how I got onto the idea of using oxytocin for lesions in the gut wall. Then I talked with the pharmacist. I lecture at a lot of pharmacies. I love compounding pharmacists. They're some of the best people ever. Jim Hensier helped me figure out how to put it with an adherent molecule to get it up there. That's exactly it!

**Dr. Jill** 25:43

That's what I'm hearing. That's why I'm like, "I know the mechanism." What I would start to see is that the gut would improve because, when you have no MSH, you're going to have leaky gut. What you are doing is modulating oxytocin and MSH together. I don't know the mechanism, maybe you know more about this, but for some reason, when you give oxytocin, it will show—at least in my clinical experience—a rise in MSH. And MSH is required, like oxytocin for intestinal permeability. I think they link together somehow.

**Dr. Lindsey Berkson** 26:11

I don't know that, so now I'm going to have to take a dive into that and look at it.

**Dr. Jill** 26:13

Yes, check that out for your book. Anyway, it's just a side note I wanted to mention because I think that's so valid.

**Dr. Lindsey Berkson** 26:20

Oh, I love that.

**Dr. Jill** 26:20

We're talking about oxytocin. Many people think of it as a bonding [hormone], sex hormone, or post orgasmic. You'll get more when you hug your child or your dog. But it's way bigger than that, right?

**Dr. Lindsey Berkson** 26:32

Oh yes. I have some practitioners that are mixing it with ketamine as a nasal spray and getting rid of major depressive orders in a few hours. But not in everybody. Oxytocin is a very team-player hormone and it requires healthy thyroid signals. It requires healthy estrogen. That's why women respond to it a little bit better than men—because it's best friends with estrogen. Women tend to respond a little bit more. Women make more oxytocin when we orgasm. That's why we bond more. Austin is like the epicenter of ethical non-monogamy, where the young people say marriage didn't work, so we're going to have these transparent new relationships. But women make so much more oxytocin. If you make love with someone consistently, it's very hard not to fall in love with them.

**Dr. Lindsey Berkson** 27:17

I was just lecturing at A4M in Vegas. That's where you and I met, because we've both been professors of anti-aging. It's very well respected and it's a four- to five-year program if someone's already a doctor or a nurse practitioner. This year in Vegas, the theme was longevity and anti-aging. I think I was the oldest speaker there. There was a sea of young doctors—5,500 young, eager doctors—really wanting to know all this information. And 30 speakers got to speak to the main hall. Half of these speakers said that hormones were the best thing ever, that they were anti-aging, and that even after a stroke or a heart attack, you should go right back on because they helped the healing processes. The other half of the speakers said the exact opposite. They said: "Hormones drive cancer"; "Hormones are dangerous."

**Dr. Lindsey Berkson** 28:19

Greger, who just wrote his book, *How Not to Die*, was like a really big guy, saying hormones accelerate aging. I could see the confusion in this sea of bright faces. Suddenly, they deflated and they were confused. Out of this, I have upped my game to get the message out about what the science says and also the clinical translation for who are the people that are aging—not a 20-year-old that's a green drink, guru influencer picture. But let's look at somebody who's battled blindness and cancer, and this and that but is in her 70s, 80s, or 90s and has that resilience that your show is named after.

**Dr. Lindsey Berkson** 29:02

I got together with David Brownstein, who's one of the most famous physicians in

hormones and has many phenomenal books on it. I said: "David, we need to have a two-day CME online ready for Monday morning for MDs and nurse practitioners. Put this on. We need to have a narrative online of 'Let's Talk Estrogen'—safe, dangerous, what's the truth?"

**Dr. Lindsey Berkson** 29:25

Last week, we put it on with Dr. Daved Rosensweet, who's now a major influencer in the hormone domain. But he happened to be one of my doctors 30 years ago, when I had breast cancer. The fickle finger of fate. We also had Dr. Angela DeRosa, who's unbelievably brilliant and incredible. And we had Carol Peterson, who's a doctor of compounding pharmacy and worked for Women's International in Colorado for 25 years. We invited all of the main doctors who are so phenomenal, but they don't believe in hormones. Or they just give testosterone to a breast cancer patient—an aromatase inhibitor—and don't let them get any estrogen. We invited everybody, and only the people who were pro-hormone wanted to come on. Just like in COVID, I wish we would have had town meetings where we could hear both sides respectfully and hear their thinking and we could make some of our own decisions. I wanted to create that, but what we ended up creating was a huge discussion and narrative on the true science and where it went astray, which I imagine we want to touch on.

**Dr. Lindsey Berkson** 30:38

I would love to make available for your audience the link for "Let's Talk Estrogen". They can get that for free. They could pass on the link. If you've got doctors who are on the fence and don't know how to do hormones, we have CMEs for MDs, nurse practitioners, nurses, PAs, and naturopaths. We couldn't get them for chiropractors. They're the hardest group to get CMEs for. We did get all that. I just paid the bill for it, so I know we got it. I've usually lectured where other people did all this. I've never done this kind of thing—

**Dr. Jill** 31:09

It's a hard thing. I'm just so impressed with what you put together. This is something I'm going to listen to and sign up for. So if you're listening out there, this is worth it. You mentioned before that you had a program, but I didn't know all the details. I'm so excited to share this. It's going to be a game changer because you and I both know there is such power in living vibrantly and well. And we're talking

[being] optimized in a very safe way. We've got two audiences here. I do have a ton of physicians listening. If you're listening, you can be sure we're going to have the link wherever you're watching this in the bio in the show notes on my website. You can find this link. But let's talk first for the layperson. Would they want to maybe share this with their practitioner? Or where would they start with navigating their own hormones?

**Dr. Lindsey Berkson** [31:54](#)

The first thing they would want to do is listen to "Let's Talk Estrogen" and understand where we went astray and why, in the United States today, we vilify estrogen and women are terrified of it. There are a lot of Facebook groups that are [bashing] estrogen dominance, making estrogen a nasty dominatrix [type hormone] and everything like that when estrogen signals are responsible for the evolution of humanity.

**Dr. Lindsey Berkson** [32:22](#)

Abraham Morgantaler, who was an associate professor of urology at Harvard and just retired from opening up the Boston men's clinic, is on the same mission with testosterone for men as I am with estrogen and hormones for both genders, because we all have the same hormones. We had the honor of lecturing together in Miami a few years ago, and he said exactly the thing I say: Why would mother nature make the very hormone that drives humanity and pregnancy and brain development pro-carcinogenic? It doesn't make sense. It's much more involved than that.

**Dr. Lindsey Berkson** [33:01](#)

Most doctors are on the fence because they're teaching in medical schools today... David Brownstein's daughters have both just graduated from medical school. They're joining him in practice. I said, "What'd you learn?" They said: "Hormones cause cancer." "Never write a script." "We know nothing about hormones." When you ask a well-intentioned doctor, you have to understand that they're used to giving answers. Doctors are there to try to help you and give answers. They're going to give you an answer. But most likely, even though they're good people, you're going to get the wrong answer.

**Dr. Lindsey Berkson** [33:30](#)



If you could, take "Let's Talk Estrogen", listen to it, and pass it on. Then I hope we have a little chance to talk a little bit about, at least in my opinion, what I interpret as the science of it and how we went astray. But know that hormones are so helpful to keep you healthier longer if you know how to keep your own hormonal family healthy.

**Dr. Lindsey Berkson** 33:51

In socialized countries around the world where they pay for everything with medicine—Finland was the first country to do this—they have breast cancer registries, adverse heart event registries, and death registries. They track what people do. They end up in these registries.

**Dr. Lindsey Berkson** 34:11

[They consider] how much they cost the country because the country pays for all medical stuff. Whereas in the United States, we've got emergency rooms, functional care, off the grid, or on the grid. We're a potpourri because we're the capitalistic go-to people—that we could do it on our own.

**Dr. Lindsey Berkson** 34:27

There are now—I don't know the exact number—about 20 socialized countries that have seen that with women on hormones when they start them in the perimenopause early menopause, and then they track them and track these registries that the women on hormones have less heart disease, less cancer, less neurodegenerative disease, and they live longer. And because of that, they offer them hormones for free. If you want them, the country will pay for them.

**Dr. Lindsey Berkson** 35:01

In contrast, in the United States, our doctors don't get in on any of those narratives. They're told: "Hormones drive cancer and don't prescribe them." So that's where I'd like to go: How did that happen? Is it okay to go there now?

**Dr. Jill** 35:17

Yes, let's go right now.

**Dr. Lindsey Berkson** 35:18

Are we okay?

**Dr. Jill** 35:19

Yes. I think it's so important for people to know this. Just to reiterate and then you'll jump into this, some people have walked into their doctors—and I've had this with my patients—"I asked my gynecologist about hormones and she said, 'Oh, no, no, no; they're risky for cancer.'" And we're not vilifying the doctors because, as I was trained, I wasn't taught anything. This either has to be a doctor who, outside of their medical training, goes to some of these courses, A4M or IFM, or some of the courses that are teaching this and learns about its safety, efficacy, and science. It's not their fault. But you do want to find someone who understands this because you're going to live longer, better, and healthier if you do optimize your hormones. So go ahead and dive in.

**Dr. Lindsey Berkson** 36:01

Okay. Well said. That's well said. We're not vilifying the doctors. Everything comes from exposure and perspective. The more you know science, you can readjust—"I'm reframing my perspective." People right now in medicine have the wrong perspective on hormones. And now I'm going to dive into that moment.

**Dr. Lindsey Berkson** 36:21

Britain was the first country to start hormone replacement in the mid-'50s. It was catching on like wildfire. By the 1990s here in the United States, because we picked up on it from... Whatever happens in Britain and Canada starts happening in us. We're all really close nations, and we love our fellow nations, and we got in on those hormones. The promise of it was that if you were on hormones, you'd be "feminine forever." Hormones were given for decades here. If you had a stint put in or had congestive heart failure, you were given hormones. And women were clinically doing better.

**Dr. Lindsey Berkson** 36:59

By the time the late 1990s came around, almost 20 million women in the United States were on hormones. But in the United States, we're more run by big pharma than Europe is. The hormones we tend to use are patentable and can make a lot of money for the people who put stock in the company. The most common hormones were Prempro, which is a combination of conjugated equine estrogen, which means pregnant horses' urine, along with a synthetic progestin, medroxyprogesterone

acetate. Or it was just the horse estrogen. That's what most women in the United States were on. Whereas in Europe, almost everybody has been on natural estradiol, natural estriol, and natural progesterone. Although they have their own issues about stuff that's going on.

**Dr. Lindsey Berkson** 37:48

Coming into the 1990s, we had a lot of women in the United States on these hormone medications that were some of the top-selling medications ever in the United States. We're an aging country and it's prophesied that by 2030, the majority of Americans will be over the age of 65. Everyone is very concerned. Are we going to topple Medicare? That's what socialized medicine has all those registries for, because they want to be able to control the dough. You've got to control the dough and follow the dough.

**Dr. Lindsey Berkson** 38:21

We're an aging nation, so they formed something called the Women's Health Initiative, which was 40 different prestigious institutions under the onus of the NIH, the National Institute of Health. And we're going to take a look. And the first thing we're going to do is look at women in every which way because they live longer than men. We have a lot more older women than we have older men. If more Americans are older, the majority of them are going to be women because they're widowed, they're divorced, etc. And they looked at women in every which way—bones, cholesterol.

**Dr. Lindsey Berkson** 38:51

The first big set of tests that they did was hormones. They figured: Let's prove with a set of randomized trials that hormones do what we say they do. They had two arms, one with the estrogen from the pregnant horse and one from the combo job, which was Prempro. They stopped the combo arm early because it looked at first blush like women were getting a little bit more heart disease and a little bit more breast cancer. But the estrogen-only arm never showed that. It never showed that there was more breast cancer. In fact, they started becoming very uncomfortable with the women's health initiative because of these early, premature findings, which were eventually found to not necessarily be accurate.

**Dr. Lindsey Berkson** 39:37

When the estrogen-only arm was tracked at several months, 2, 3, 16, and 17 years, and in its final reanalysis by its original authors in 2019, they stopped it at 5 years because it was oral estrogen and some women were getting a little bit more heart issues. Never breast cancer issues. And in every evaluation, women taking estrogen-only had less breast cancer, [which is] statistically significant. And if they did get breast cancer, they had a much better presentation and a much less aggressive cancer. They died less.

**Dr. Lindsey Berkson** 40:12

At the 20-year reanalysis—which was presented in 2019 in San Antonio, where they once a year get together for the San Antonio Breast Cancer Convention and scientists share information to try and help women out—they shared the reanalysis, saying women on estrogen replacement for an average of five years have a 23% lower risk of ever getting breast cancer. And if they do get breast cancer, they have a 44% reduced fatality incidence. Nothing has ever protected you from a carcinogenic event as estrogen has. But somehow, because of that misinterpretation of the combo arm, estrogen got vilified.

**Dr. Lindsey Berkson** 40:59

Some studies suggest that estrogen drives cancer; I won't lie. But there are many more studies that say the opposite. And if you dive into the majority of these studies, not all of them, it's because they have synthetic versions of hormones, synthetic versions of progesterone, and oral. And when you go to the natural, there is never, never, never an increased risk.

**Dr. Lindsey Berkson** 41:22

Agnes Fortney did a huge French study called the French [E3N] Cohort [Study]. It's a difficult name to remember. She tracked 80,000 women. The women on synthetic progestins had a 650% increased risk of breast cancer, whereas the women on natural progesterone never had an increased risk. The brain health—we have so many people with dementia and so many people on these expensive, unhealthy new meds. We have huge facilities—this complex nursing home industrial complex. We wonder: In how many of those cases wouldn't people be in there if they were allowed to be on hormones?

**Dr. Lindsey Berkson** 42:10

The University of Arizona published a few years ago... They looked at 400,000 insurance reports, where you had all the data, and women on hormones had statistically less Alzheimer's disease. Just less. And if you were on natural steroids, you had almost 70% less risk of getting any of these issues.

**Dr. Lindsey Berkson** 42:29

There's a huge study that's still in peer review. I'm a peer review scientist for a number of journals. That means that when a study first comes out, a group of scientists evaluate it until they give it their blessing to be published in what we refer to as peer review. It's the largest study ever run on hormones by our NIH—our own government—and the National Library of Medicine. They looked at 7 million American women 65 and older and they said, "How many of them are on hormones?" And there were 1.5 million women. They had all the data. When you're in Medicare, they've got all your medical records—everything. They knew how the women were taking the estrogen in—that means the delivery mode. They knew exactly how long the women lived. They knew if they were diagnosed with a cognitive issue. They looked at five cancers—breast, ovarian, uterine, lung, and colorectal.

**Dr. Lindsey Berkson** 43:29

They found the same thing, which was exactly what the true interpretation of the Women's Health Initiative found. They found that women who are on estrogen for an average of five years... And it doesn't matter when you initiate it. It can be even later than we thought. You can stay on it longer but the benefits of five years last another 15 years. They've only gone out to the endpoint of 20. They had statistically less of every single one of those cancers, the top being breast. Less breast cancer, less lung cancer, less ovarian cancer, less uterine cancer. They lived 20% longer.

**Dr. Lindsey Berkson** 44:10

The oldest women with the worst cardiac disease... We're all told that if you have heart disease, you're not a candidate for hormones. "You can't do hormones. You're high risk." The highest-risk older ladies lived the longest and had the best quality of life. They evaluated quality of life by ease of movement with no pain and how much you were doing in your life. How much can you keep living? It was really phenomenal. It was an incredible study. The study has not come out yet, but it's the largest study ever.

**Dr. Lindsey Berkson** 44:37

We are denied estrogens, while socialized countries have it, and while science doesn't really say it. We think estrogen causes breast cancer, and many of our doctors think this way. So that's the mission that I'm on.

**Dr. Jill** 44:50

Absolutely amazing! Dr. Berkson, this is just amazing for people and doctors to hear. I love the work you're doing on... What is the name of the course?

**Dr. Lindsey Berkson** 45:00

The name of the course is "Everything Hormones". We're making it where we talk about the efficacy. We're giving you lots of research and we're also giving you, by the way, lawyer-based disclaimers to have everyone sign everything. Although if a woman gets breast cancer and she's been on hormones, she's better off. And if you educate your patients about that, you're much less at risk of getting sued. And we're going to go through everything [such as] the delivery and how you give it—whether it's oral, whether it's vaginal, whether it's topical. The bases—what are the differences between the bases? How do you write the scripts? It's going to be A to Z of hormones. We're also going to talk about the global lowering of hormones in younger women and younger men and the randomized trials that are being done right now and published by Harvard. At Massachusetts General Hospital, the Neuroscience Institute, they have been looking at 13- to 24-year-old girls who have body dysphoria, anxiety, and insomnia. Your regular menses are one of the flashing red lights because the regularity of your period translates a bit into the health of your body.

And when that goes off, that's a flashing red light [indicating] that something's going on.

**Dr. Lindsey Berkson** 46:16

And there are a lot of young men who are being given testosterone shots who shouldn't be because that makes them infertile now. What do you do if you've got a young man who's been given a shot? How do you reboot his fertility? What do you do with these young girls? How do you track giving hormones to a patient? How do you know that it's doing something deep in the tissue?

**Dr. Lindsey Berkson** 46:34

By Monday morning, it'll be a 16-hour CME. They can take it at their leisure because it's online. We are launching it live, but it will be online. We are also going to follow up. We're going to have more meetings with you after you've been on this course where we can go over case reports and answer questions so that when you go home and things don't work like you thought you heard, we want to be able to help you fix that glitch.

**Dr. Jill** 47:01

Unbelievable! I'm going to be the first one to sign up. Truly. And again, I do hormones. I know hormones. But I think this is the next level. A few little pieces, I think, are important to pull out. One thing that you said—for lay people who are listening or physicians—one of the big problems is progestin versus progesterone. As you talk about this arm, I just want to make that clear. If you're a layperson, you might go in and the doctor says, "Let's give you a mini pill," or they'll give you these things that you don't know the term [for]. Doctors will use the term 'progesterone' when they mean synthetic. They don't always even know the difference. Maybe just speak very briefly about: What is the difference between synthetic and actual progesterone? And why is that night and day with the outcomes of health?

**Dr. Lindsey Berkson** 47:45

That is fantastic that you honed in on that. Thank you for taking me down in that direction. I love it. It's perfect. And that is part of the problem. When people say hormones cause cancer, a lot of times part of that hormone mix has a synthetic version of the molecule of progesterone. It can also have a synthetic version for estrogen. But a company needs to alter a molecule a little bit to make it something that nature's never seen before to make it patentable. But you don't know who's going to be able to handle that variation on that molecule. Natural progesterone that looks exactly like the one that both men and women and boys and girls need. For example, we use high-dose progesterone for ADHD and autism in young kids. A forward-thinking neurologist uses it in lots of varieties. As I just said, those satellite dishes are in a variety of places.

**Dr. Lindsey Berkson** 48:42

Progesterone or progestin—the natural one is progesterone. When it has been

altered molecularly, it doesn't look like your natural progesterone molecular shape. If you look in a mirror, you have a shape. Molecules have shapes. They have right and left-handedness, and they alter all that when they patent it. Those are called progestins. But in the medical literature, those two terms have gotten completely messed up and interspersed. And most doctors don't even know the difference of that. It's the studies that have progestins in them that show an increased incidence of breast cancer, not progesterone.

**Dr. Lindsey Berkson** 49:23

Where do we know this better than ever? This is proven and what we call replicated over and over again: Birth control pills. There's no study that doesn't show that swallowing oral contraceptives doesn't raise your risk of breast cancer significantly. And that risk stays elevated. We only know if you've been on it for five years. I think the duration studies have been done for five years. We know that your increased risk goes on for five years. We haven't done the research. I have some breast cancer patients who come in and were on them in their history for 30 years. We don't know their increased risk. But they're made up. Birth control pills are synthetic progestins, and they're often combined with ethinyl estradiol.

**Dr. Lindsey Berkson** 50:07

When I worked at Tulane as a distinguished hormone scholar, we were the think tank [that was] first saying: "There are chemicals that can mimic hormones and can disrupt, especially in the womb, and affect the fertility of the human race and other things like cancer." Our two model compounds were diethylstilbestrol, which was 50 times more powerful than your own estrogen. It was given to 38 million pregnant women from 1938 to 1971 in prenatal vitamins and in injections if you had spotting. It turned out that the offspring from that had all these problems that were the canaries in the mind of what was coming down the road.

**Dr. Lindsey Berkson** 50:47

Now they don't teach DES, which is the nickname for that, in any medical schools anymore. It's gone. That information is just gone. I've pondered that a lot. Why would they not teach such a public health tragedy? It was the most powerful cancer-causing... It was banned in 1971 as a class 1 carcinogen. It was given to pregnant women like crazy. And now it's not taught in medical schools. I am only theorizing, but maybe that makes women a little bit more open to taking an mRNA



vaccine that's not been tested on pregnant women when they're pregnant because their doctor hasn't heard about the travesties, except for maybe thalidomide. But it was a huge public health tragedy.

**Dr. Lindsey Berkson** 51:27

The other estrogen we used was ethinyl estradiol because it's an endocrine disruptor. But that's what's in birth control pills that became OTC available over the counter like a month or two ago. We pass them out like M&M's, which turn off all our hormones. They're really at the base. They instigate a lot of inflammatory bowel disease if you've got the right genes. Yet, at the same time, we're not letting older women have access to hormones. We're terrifying them of hormones. There's something so wrong with this picture!

**Dr. Jill** 52:02

Right! Oh my gosh, you've laid it out so clearly. One last thing on this that I think is so important too is: What are your thoughts on—I know some of the science—oral versus transdermal? Say a woman who's going into menopause wants to replace them. She has a doctor who's educated in a course like yours and is able to prescribe. And of course, I'm sure you talk about this but just for a little teaser, let's talk briefly about the risk of oral versus transdermal.

**Dr. Lindsey Berkson** 52:32

Okay, I love that. Getting a hormone into you is called a delivery mode. You can get a hormone into you in a wide variety of ways. Each one has its pros and cons. And at some point in your life, one might be better than the other. But most of the research historically has been done with oral estrogen. When estrogen is swallowed, it goes through the digestive tract and then the liver. The liver metabolizes it, making metabolites that act in different ways than the parent compound. That's called oral delivery.

**Dr. Lindsey Berkson** 53:08

We don't recommend that because it has that first hepatic pass, making it more proinflammatory and procoagulative. That's why we saw more clots and heart disease in the Premarin-only arm in the WHA. Now we understand the whole lay of the land. Rather than "estrogen is bad," estrogen was swallowed, and it was horse-pregnant estrogen. Although in the 7 million study, even horse estrogen

protected the breast against breast cancer. What we learned from a number of studies is that hormones are so important and that maybe sometimes even altered forms are better than none at all.

**Dr. Lindsey Berkson** 53:42

But not synthetic progestins. They're the biggest bugaboo of all and yet they're available OTC. But you can swallow progesterone because you want the metabolites that the liver makes from progesterone. The liver makes these great neuroprotective molecules once you swallow it. A really savvy doctor knows the difference: "If you take this hormone orally, your body makes this." You need that. "Oh, I could do that." But if you have a thickened endometrial lining, you've got polyps, or you're starting to have issues with your uterus, maybe I'll give you your hormones as a first vaginal pass right up into there, rather than guessing, "If you swallow it, will it get your uterus and help out?" There are a variety of ways, depending on what the doctor wants to do to help you out with.

Did that help?

**Dr. Jill** 54:35

That is perfect. There are a million things we could talk about, but those few little things... What's nice is that even if you don't compound—which you and I both do and use, amazing pharmacists who can help us make exactly what that patient needs—there are commercially available transdermal estradiol patches and creams that are bio-identical. And there are commercially available oral progestones. There are pharmaceuticals that you could get at your local CVS, Walgreens, or whatever that are bio-identical. And that's, I think, more important for the doctors who are maybe on the fence and not understanding how to compound. You can get good, safe ways of doing this commercially.

**Dr. Lindsey Berkson** 55:15

You know, it's crazy. I got really into oxytocin when I was working in Oklahoma because I was working with CareFirst Pharmacy—brilliant pharmacists. We were seeing incredible results by giving oxytocin in a variety of delivery modes—sometimes inhaled as a nasal spray, sometimes as a liquid that you swallow, and sometimes as a roll-on with low-dose naltrexone for an analgesic or a pain.

**Dr. Lindsey Berkson** 55:40

We decided to make an over-the-counter oxytocin so people could get a standardized one because the FDA allows 15 international units. That's how oxytocin comes in—as international units. And within three or four months after we opened up this company, they made it illegal for compounding pharmacists to ship to other states unless they had licensure. We couldn't stay in business.

**Dr. Lindsey Berkson** 56:03

But there is a product that I've wondered about now that I can't sell my own available of all things at Walmart. I was the keynote speaker at a pharmaceutical conference for PCCA in Calgary, Canada, at the beginning of the summer this last year. There were a bunch of midwives and OB-GYNs. They said that they didn't want to use Pitocin anymore because it goes against the characteristic of oxytocin, which is pulsed, whereas Pitocin is continuous. There's a case to be made: Are we damaging oxytocin receptors by that delivery mode? They said they were using this Wallgreens oxytocin over the counter for their pregnancy and it was working like a charm.

**Dr. Jill** 56:52

Oh my goodness! That's amazing. And first of all, I can't wait for your book to come out. Do you have a publication date for the [book on] oxytocin?

**Dr. Lindsey Berkson** 56:58

Not yet. I need to talk to you about that title. You're so much better at titles. I'm bad at titles. You're good at titles, so I need your good-at-titles sister help.

**Dr. Jill** 57:06

You're so sweet! And you'll have to come back for another episode when you have the book out. Dr. Berkson, I knew this would be fun and very worth the Saturday morning spent with you, but it is beyond my expectations. I hope that those listening know what a gem you are and what a brilliant researcher and teacher you are. You are devoted to science and devoted in a way that is going to train the doctors who are going to care for people. So thank you from the bottom of my heart for your efforts!

**Dr. Lindsey Berkson** 57:37

That means so much to me! You know when you've been through so much and all of

this is so much effort but you have a fire in your belly. You and I are sisters of the heart, with our fires in our belly. But to be seen is such a gift. And thank you for seeing me and all this work and for the opportunity to have conversations to all these people out there who might be listening.

**Dr. Lindsey Berkson 58:01**

Please pass forward, "Let's Talk Estrogen". Listen to it yourself. Get some gals together and have either a wine night or a green drink night or whatever your inclination is. And give it to your doctors who are on the fence.

**Dr. Lindsey Berkson 58:15**

One of the things I do on a regular basis is get ozone and whole blood irradiation because it reboots your mitochondria. Aging picks up speed with every decade, and I want to stay strong. When I went into the office the other day, he had just heard "Let's Talk Estrogen" and was bowing down to me. It was so sweet! He's a hospitalist. He had a heart attack and didn't want to do the 22 medications that he was suddenly faced with at 41. He bumped into functional medicine and has now opened up a whole facility. He was saying, "For every patient that comes into this office now, we're giving that talk."

**Dr. Lindsey Berkson 58:54**

It's free. Get that talk. Pass it on if you've got doctors that you'd love to see if they could get a little fluffed up with this information and not be so concerned. Also, let them know that we're putting on this course.

**Dr. Lindsey Berkson 59:06**

Dr. Brownstein has been doing hormones for 30 to 35 years and teaching. He has about 12 or 15 best-selling books out. He's like a brother to me. He's one of the smartest people we have in the United States today. He and I—and then Dr. Angela DeRosa is going to do an hour, and Dr. Carol Peterson is going to do an hour—are going to try and Vulcan mind meld the practitioners with hormone science and what to do (ready on Monday) and then be available for you for questions.

**Dr. Lindsey Berkson 59:38**

We notice that when we go to A4M, one group will say, "You can never give a woman testosterone," which is crazy. And another group will say, "You've got to

start low and stay slow." And that's another thing because hormones need to be at the right dosage to get the satellite dishes humming and strumming to make sure that even though you've hit 75, you feel kick-ass great, right? *Resiliency Radio!*—that's the deal.

**Dr. Jill** 1:00:03

Oh, amen! Oh my gosh, this has been so fun. If you're listening and you're like, "Where do I find this?" don't worry. Wherever you're listening, you will find a link. We will get that put in the show notes. And if you have any trouble on my website, JillCarnahan.com, I'll have the full transcripts. All of the links will be there as well if you can't find it on Spotify, iTunes, or wherever you're looking. But we will have those, so stay tuned. Dr. Berkson, thank you so much from the bottom of my heart, not only for your heart and your willingness to come on on short notice but [also] for your wealth of knowledge—because I know how much time and energy that takes—and also for being a living, vibrant proof of showing up in what we're talking about. Thank you so much!

**Dr. Lindsey Berkson** 1:00:45

Much love. Much love.

**Dr. Jill** 1:00:46

Well, that's a wrap with Dr. Berkson. Thank you again for tuning into this episode of *Resiliency Radio*. I hope you've enjoyed the show. Stay tuned for more empowering episodes, with new episodes released every week. You can find all episodes on iTunes, Spotify, or wherever you listen to your podcasts. You can also find full transcripts and videos on JillCarnahan.com, my website. And you can find all the products and services that we provide at DrJillHealth.com. If you like this video, be sure to hit 'Like'. If you want to see more, hit 'Subscribe'. And if you want to be notified, hit the bell to be reminded of upcoming episodes. Thanks so much, and I'll see you next week!