

[219: Resiliency Radio with Dr. Jill: Optimize Your Hormones for Better Health](#)

Dr. Jill 00:04

Welcome to *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in integrative and functional medicine. I'm your host, Dr. Jill, and with each episode, we dive into the heart of healing and personal transformation. Join us as we connect with renowned leaders, experts, thought leaders, and innovators at the forefront of medical research and practice, empowering you to optimal transformation and healing.

Dr. Jill 00:28

Today, I am so excited to have my colleague and friend, Dr. Margaret Christensen. As a traditionally trained gynecologist for 10 years, she operated a busy practice doing what she'd been trained to do: Handing out synthetic hormones and cutting out parts that didn't work. Over time, she became more and more frustrated with this approach as women would return to her, continuing to complain of fatigue and multiple vague symptoms—we call this multi-system, multi-symptom diseases, like we both do—feeling hormonally imbalanced and often overwhelmed. I don't know if you're out there listening; a lot of my listeners are in this range of women going through hormone changes, so stay tuned. We're going to dive in.

Dr. Jill 01:02

She found the Institute of Functional Medicine and learned a whole-system scientific approach to healing. She now helps her clients create health, vitality, and long-term well-being in their lives. Dr. Christensen recently became a Certified Functional Medicine Health Coach to give her the tools to focus on what's right for her clients.

Dr. Jill 01:20

Today, our topic is: "Optimize Your Hormones for Health." You're going to get a real treat today because Dr. Christensen also happens to be very well-versed in post-COVID patterns that we're seeing, toxic mold—which we both share a passion for environmental toxic load—and tick-borne infections. So we're going to go all over, especially as it relates to hormones. But Dr. Christensen, welcome!

Dr. Margaret Christensen 01:50

Hey! Thanks. Thanks for having me, Jill. Yes, we've both been up through our own journeys, haven't we?—in learning the hard way.

Dr. Jill 01:56

Yes, we have. And I feel like this is so critical to women. What I want to start with, though, is your story into medicine and then, obviously, we heard a little in your intro into a more functional approach. But how did you first get into medicine? How did you find out you were a healer?

Dr. Margaret Christensen 02:15

When I was nine years old, I think, is when I first had that calling or whatever. I was very into anthropology at the time. I thought when I went to medical school that I was going to be a pediatrician but then I realized that you're actually dealing with upset parents. So, I found I loved taking care of women and women's bodies. And I was having a lot of profound experiences in my own body—things that they didn't tell us about, like how powerful birth can be when [it's] an unmedicated experience on purpose and altered states of consciousness. So that got me into that.

Dr. Margaret Christensen 02:46

And unfortunately, like many who find themselves in functional medicine, I got sick. My family got sick. I couldn't figure out what was wrong. I was told: "Oh, honey, you're just depressed." "Here's your antidepressant." "So you got pain. Here are some pain medicines. Go see the physical therapist." You and I know that it turned out to be a toxic mold journey, among many other things. There's a whole list of things—genetics and epigenetics, nutrient deficiencies, and total toxic burdens—that we can deal with.

Dr. Margaret Christensen 03:18

But because of that journey, I learned a lot about not just hormones and environmental toxicants related to hormones but also a lot about neurological disorders and mental health issues and the role of hormones, both in promoting and exacerbating those things, as well as the incredible role of environmental toxins. And that's really why everybody's sick today—the role of hormonal-disrupting and other mechanism-disrupting mitochondrial disrupting toxicants. So that's a very short answer to a very long history. But it's one that's

affected me personally as well as professionally in the mental health realms in my family in particular, as well as hormonally.

Dr. Jill 04:02

Wow. I love that. I hate that you had to go through it, but just like myself and so many of us in this field, it's often our profound suffering and experiences where we don't find all the answers with our conventional training. And we say: "Okay, what else is possible? What else is going on here?"

Dr. Jill 04:17

Today, I want to frame the topic of hormones. We've had a few guests on that talk about the power of bioidentical hormones and replacement, and we can definitely address that. But I want to go a little deeper because you happen to have this very special expertise in long COVID, tick-borne infections, toxic mold, and, as we both agree, the elephant in the room, which is environmental toxic exposures of all kinds. Let's talk about first how you see the classical 45- to 55-year-old woman in perimenopause or just going through menopause and why the environmental toxic load is creating more distress for our hormonal balance than ever before.

Dr. Margaret Christensen 04:58

The reality is that we're being exposed every day—whether it's personal care products, whether it's cleaning products for the home, whether it's in our food supply, the genetic modification of everything, or the pesticides that we are being bombarded [with] every single day—with chemicals that are hormonal-like and can create disruptions in the body. Unfortunately, oftentimes, genetically, we may have much higher requirements for certain nutrients in order to help our detoxification pathways that we may not be getting. You put high levels of stress hormones on top of that [and] that right there changes detoxification pathways. All of those things lead to distress in the gastrointestinal tract. Our GI tracts are incredibly involved in hormonal balancing.

Dr. Margaret Christensen 05:42

So, it's the totality of what has caught up with us by the time we're 45, whether it's in our life situation, work situation, relationships, having children or not having children, nutritional depletions, and then multiple different types of environmental exposures, as well as trauma exposures. In functional medicine, we talk about our

total toxic load or the total toxic bucket. As you and I both know, toxic mold is one of the most common that is completely unrecognized. But then everything else that we're breathing in and eating is all part of what's creating that hormonal-disrupting burden.

Dr. Margaret Christensen 06:17

By the time somebody comes at 45, they're tired, they're not sleeping well, they're watching all kinds of crap on the news, and their hormones are often out of whack. Their guts are leaky, their livers aren't detoxifying nor are any of their cells working and their mitochondria aren't working. We have to have a whole-system approach, starting with sleep and gut and working on detoxifying all the stressors that we are being bombarded with, very purposely by the way.

Dr. Margaret Christensen 06:50

That was the whole thing during COVID. That was the whole thing during COVID. It was: Keep everybody as fearful, distressed, and isolated as possible while feeding them all kinds of malinformation and misinformation coming from authorities and not from those of us who have been in the trenches.

Dr. Jill 07:12

Yes. I know. I'm sure like you—we don't have to go deep into this—I was like: "Wow, I can't believe what's happening." For me, it was just the truth, like: "Hey, make sure you support your immune system—vitamin D." We were almost not allowed to talk about very basic things.

Dr. Margaret Christensen 07:24

We were not allowed to talk about it. We were censored. We were censored. We were censored. We were censored.

Dr. Jill 07:23

It's crazy to think back because I remember being like: "Is this for real? Really? I can't talk about vitamin C or vitamin D?" It was unbelievable, really. And a shift in the trust—we already had a lot of mistrust from the general public to the health standard, insurance-reimbursed-based kind of healthcare. But I think things really shifted and people started to be like, "I don't trust this system anymore."

Dr. Margaret Christensen 07:55

It's so interesting because what we do know and understand about how, for example, stress and psychological stress impact all hormonal systems when you are very deliberately being isolated and fed nothing but fear, fear, fear, fear, fear—it's creating a limbic loop. And I'm sure you've had people talk about limbic system dysfunction in the hypothalamus, in the amygdala, and in the hippocampus, creating a loop of chronic fear and distress, which then disrupts your entire hormonal axis and also disrupts your ability to remember things correctly. We saw a lot of that.

Dr. Margaret Christensen 08:35

In terms of hormonal disruption, first of all, what's your total toxic exposure been up until the point of the whole COVID debacle happening? And then a heightened sense of fear of anxiety, driving that limbic system and that hypothalamus into constant signals of sympathetic overdrive, or fight or flight. Fight, flight, freeze, or fawn—those are the options that you can do. Fight or flight—I think everybody's familiar with that. You get super angry and you fight or you flight. You just run away saying: "I don't want to rock you"—freeze. That's depression. And fawning is like: "Oh my God, oh my God, how can I please you? How can I please you? How can I please you?" A lot of that was going on, and that in and of itself creates massive shifts in all of our hormones.

Dr. Margaret Christensen 09:25

Cortisol is the master regulatory hormone over everything else. If your cortisol levels and your adrenaline—your fight or flight hormone—are constantly out of whack, you're not going to get anywhere with your estrogen, your progesterone, or your testosterone. Your insulin is going to be up all the time. We see a whole lot of insulin resistance going on that. Your thyroid, which is the most sensitive endocrine gland for environmental exposures. All of those things were impacted. The good news is, if we understand the big picture, we know how we can go after it.

Dr. Jill 09:58

I want to get specific for those listening. One thing you and I both see is when you go into menopausal years and you either have very high cortisol—this massive sympathetic overload, stress response, you don't know how to regulate the vagus nerve, your guts are a mess—or, on the other side, you crashed off the cliff and you

have very low cortisol, very low adaptation, both of those situations create much more dysfunctional symptoms than menopause because you don't have adrenals to pick up the slack. Do you want to talk about what that would look like? What would the patient look like that comes in with either excess sympathetic overdrive or complete flatline adrenals in menopause? What symptoms would they have?

Dr. Margaret Christensen 10:38

With excess adrenaline overdrive, this is where you see a lot of hot flashes, sweats, and sleep disturbances. It's the fluctuating levels of the hormones that create those symptoms. If you've got a lot of adrenaline running around you all the time and a lot of cortisol, you're not going to be able to sleep very well. And that's probably a big thing. With poor sleep, then you have the cognitive stuff—you can feel like you can't put two words together, etc. And then, with flatlined cortisol levels, you're much more likely to have severe fatigue. "I can't get out of bed." "I'm so depressed," etc. Whereas with the other one, you may feel a little bit more anxiety. But one leads to the other. Oftentimes, it's an up-and-down hormonal situation at the beginning, then you exhaust yourself and you're flatlined at the end. Those are the big things.

Dr. Margaret Christensen 11:27

And of course, then we'll see other physiologic challenges like heavy bleeding and no libido. I mentioned the cognitive changes already. Weight gain can be another piece of it because you've got that constant signal of cortisol, of stress hormones, that says: Hey, store fat, store fat, store fat. So those are the common things that we'll see. Depression, anxiety, sleep challenges, hot flashes, and sweats. "I'm so irritable, I can't keep my mouth shut," which is fine. That's actually good.

Dr. Jill 11:57

Right. We finally can be ourselves.

Dr. Margaret Christensen 12:00

Yes. We need that fifth chakra there to come alive during our menopausal years.

Dr. Jill 12:03

Right, right. It's so interesting. Thanks for framing that because I want our listeners to understand if they're like, "Yes, that's me!" If you're out there listening, we'll talk about some solutions. But one of the things I've noticed is the word 'overwhelm.' Or

maybe it's an entrepreneur, a business owner like you or I, or someone who has been going, driven, and motivated, and all of a sudden they're like: "I lost my mojo—the motivation I'm used to—and I lost my edge." You and I know hormones have a ton to do with this, whether it's testosterone or estrogen, or the balance of progesterone for anxiety.

Dr. Jill 12:39

Say this woman—let's just say 45 years old—is perimenopausal, still cycling, irregular, fluctuating. She's under pretty high stress. She's got a high toxic load. Where would you start with her? Would you start with her gut? Would you start with toxic load? Give us a rundown of where you'd start.

Dr. Margaret Christensen 12:53

The two things that I start with are sleep and gut. Whatever I can do to improve the quality of sleep, get somebody into bed at 9:00 or 9:30 where they're reading a real book and not on anything electronic and turning off all negative anythings and getting them off all of caffeine. So I start with sleep and then, of course, gut repairing. Gut we do with diet and nutrients—cleaning it up, all organic, primarily plants, very minimal to the little grains. I'll usually clean somebody up with an autoimmune paleo diet initially for three weeks or so and whatever nutrients I think are needed for gut repair because we have to understand that all of our hormones are metabolized in our gastrointestinal tract by our good guy bacteria. Of course, that's something you talk about all the time. Those two things can help right there.

Dr. Margaret Christensen 13:40

If you are severely hot flashing, I might just give you a patch right away just to calm you down. But I'm not going to do anything further until we work on then upregulating detoxification pathways in your liver, in your kidneys, and flushing. Make sure you're pooping at least once a day. Those are the places that I'll start. When I do hormone replacement therapy, I'll do small doses of bioidentical. There are some crowds that are using high-dose estrogen replacement therapy. I'm in the school of Christiane Northrup and Bethany Hayes, which is: Mimic Mother Nature. You don't need much. If you clean everything else up, you don't need much. But you've got to clean it up first.

Dr. Jill 14:30

I love that perspective because our bodies treat estrogen and progesterone like a drug, right? If our liver is overloaded with toxins, we have mold exposure, our adrenals are depleted, or any of these things we've already discussed a bit, those hormones become—from the inside out—another piece of the toxic load. And when you clean up the toxic load, you don't need as much to overwhelm [inaudible].

Dr. Margaret Christensen 14:57

Absolutely. Yes. Very little. And you were talking about perimenopausal women; I think one of the super easiest things to use is you can use over-the-counter topical natural progesterone in the second half of a menstrual cycle, along with a little DHEA if you're super stressed—between 5 and 15 milligrams. Both of those things are available over the counter. You can take the DHEA daily and the progesterone two weeks out of the month, depending on where you are in the menopausal cycle. It can be three weeks on [and] one week off if you're postmenopausal.

Dr. Margaret Christensen 15:26

But those things right there can be super helpful, easy ways to at least deal with the estrogen dominance. We have so much estrogen dominance. All these chemicals in the environment—mold and petrochemicals, plastics, etc.—are all estrogen-like. Stress also creates a lot of estrogen relative to progesterone. So you want to bring down the estrogen and bring up the progesterone a little bit. You can bring this down by cleaning up as well as improving the detoxing pathways as well as improving excretion and improving your gut. You bring up the natural progesterone with things like sleep and good precursors and nutrients and minerals and all that, as well as using some topicals.

Dr. Jill 16:08

Excellent. I could not agree more. Say someone has the symptoms of breast tenderness, headaches, PMS, migraines, moodiness, heavy bleeding, endometriosis—and I could go on [but I mentioned] just a few estrogen-dominant symptoms—what kinds of nutrients do you like best for helping that liver glucuronidation pathway with the detox of excess estrogen?

Dr. Margaret Christensen 16:32

First of all, it's critical that you have the complementary of all the B vitamins. You need all the methylated B vitamins because they're all involved in the various

different pathways of both producing as well as metabolizing and then excreting hormones. B vitamins are absolutely critical in that way. Using NAC and glutathione. NAC is the precursor to glutathione. Glutathione is our body's most potent antioxidant as well as detoxing agent. However, particularly for those of us who've had a lot of mold exposures and/or genetically, we may not be able to produce as much glutathione from NAC. Normally I'm giving everybody some NAC, but if you've also got mold and some other issues, and if I checked your genetics too, I may have you on some glutathione too. Those things are really helpful.

Dr. Margaret Christensen 17:13

The other things that I think are [helpful are] any kind of bile support, whether you're using a TUDCA or you're using bile salts or you're using bitters. But you want to get that bile moving because that is where all the toxins are being excreted and you want to get that out of you. And then for everybody, I make sure that you have adequate levels of minerals and electrolytes in the body to create flushing. I'm a student of Patricia Kane, and that's the first thing she taught all of us: Hydrate with electrolytes and minerals because all of that's going to help flush. Those are some of the simple ones.

Dr. Margaret Christensen 17:50

If you have abnormal, unhealthy bacteria in the gut, then we may use some additional things like calcium D-glucarate, which helps to prevent bad estrogens from recirculating. We can use DIM—diindolylmethane, derivatives from cruciferous vegetables—to send estrogens down the correct pathways in the liver. There are a lot of basics, but I just make sure that everybody's got some B vitamins on board because they're all depleted. Everybody's depleted in those. And magnesium.

Dr. Jill 18:26

And birth control—which so many women are on for decades—depletes the vitamins too, especially B6. So I love that you mentioned that really basic thing that we need.

Dr. Margaret Christensen 18:35

Let me just tell you, if you're on birth control pills, every woman I've ever put on birth control pills also gets put on natural progesterone in the second half of her

cycle, and [I'm] making sure she's on a very high-quality multivitamin with minerals and the B-complex.

Dr. Jill 18:48

I could not agree more. It's so important. One thing I just wanted to mention is bitters. I am such a fan. And for those of you who maybe don't want to take a dandelion, gentian, or absinthe, [which] are all natural bitters...

Dr. Margaret Christensen 19:02

Arugula.

Dr. Jill 19:04

Yes. I was going to say we can get this naturally from our diet. The bitter leafy greens are amazing for so many reasons. They contain methylated folate and all kinds of other things. But I just found out—I was in one of the natural grocers recently—they have bitters soda. It's filled with all these bitters, and it's very bitter. But I happen to be one of the weird ones who loves the bitter taste.

Dr. Margaret Christensen 19:26

Me too.

Dr. Jill 19:27

Yes. I was like, "That's kind of cool." It's a little soda that's carbonated, purified water with bitters. And I was like, "That's kind of cool." I just found that. Okay, let's shift because you and I talked before we got on about how the landscape has changed since COVID and how COVID and retained spike protein have affected so many women and their hormones. Do you want to lay the landscape of what's happened [inaudible]?

Dr. Margaret Christensen 19:50

Sure, yes. Unfortunately, it's been very devastating from a large perspective. COVID is the SARS-CoV-2 virus that happened to have these spike proteins on it. The spike proteins are what made the virus so readily available to enter the body because it would attach to something called the ACE receptor. Unfortunately, now we are understanding that all of this was engineered for a very long time. And then, [with] the so-called mRNA injection novel technology, gene therapy vaccines were made

from this genetically engineered spike protein to theoretically develop antibodies against it to protect. But it didn't do any of it. It didn't protect. It didn't prevent. It didn't prevent hospitalizations. Instead, what it has created is massive amounts of metabolic disturbances in hormonal systems, impacting neurological systems, cardiovascular systems, mental health, autoimmunity, children's health, and fertility.

Dr. Margaret Christensen 20:54

If we lay the landscape for what we're seeing in women's hormones, there are a couple of things that are happening. First of all, you have a spike protein that is impacting the vagus nerve itself. That's the big nerve that connects our brains to our hearts and our gut, causing inflammation, which is sending distress signals to the brain. Then we have a spike protein that's being found in the hypothalamus itself. The master regulatory center creating inflammation, dysregulating. A spike protein being found in the testes and ovaries themselves and continuing to replicate.

Dr. Margaret Christensen 21:37

Because of that, we've seen a 20% drop in live birth rates in the past three years, massive amounts of infertility, all kinds of abnormal menstrual cycles, both super heavy as well as amenorrhea, or no periods, and all kinds of cysts developing. We had all kinds of postmenopausal bleeding. Oh my gosh, I had all these women—I probably had 15 of them: Super low-dose hormone therapy. Again, I cleaned them all up; no issues, no problems. They've been maintained on low doses. They'd come in once a year and be fine and all of a sudden start bleeding out of nowhere. A lot of that happened.

Dr. Margaret Christensen 22:15

Unfortunately for pregnant women, this should never, ever, ever, ever have been given to pregnant women. ACOG—the American College of Obstetric and Gynecology—took \$11 million from the Health and Human Services to reverse their positions from no vaccine to recommending it forever. But the massive amounts of fetal deaths are unbelievable—and fetal abnormalities, miscarriages, and stuff. It's devastating.

Dr. Margaret Christensen 22:41

And then what it's done to men's sperm counts and testosterone levels—that's really horrible, but I'm not going to sugarcoat it. The other piece of that is turbo cancers. We've seen massively rapid onset, whether it's breast cancers, uterine cancers, or any kinds of cancers, lymphomas, etc. And I've seen all of this. All of it. Every single thing.

Dr. Margaret Christensen 23:02

I had three fetal deaths in my practice in one year. I practiced obstetrics for 10 years with 3,500 deliveries and had one. And I had three. And I don't even do obstetrics anymore. I just do fertility. Anyway, that's a big ball of wax. Let me stop there and let everybody catch their breath because that's hard to hear. And there are solutions.

Dr. Jill 23:23

Yes, thank you for being honest because it's been difficult to speak the truth. And you or I or anyone out there who's practicing medicine—you can't deny what you see in the clinic. And whether it's just [inaudible] your small patient population, I too... What I framed it as—and I'm sure you're going to understand and agree with this—is we saw massive adrenal [gland] cortisol drops post-COVID with the spike protein. We saw an increase in B cells, which created a lot of autoimmune [disease], dysfunction, autoinflammation, and excess cytokines. And then we saw T cells. Even today, when people get COVID, I consider it an immunocompromised state for several months because the T cells become exhausted. And this is all evidence-based. There's data to support what we're saying here.

Dr. Margaret Christensen 24:06

And the T cells fight viruses, old tick-borne infections, and cancer. It's no wonder then we saw the increase in reactivation of Epstein-Barr and Lyme symptoms coming back for people who have been in remission, or we saw these cancers with people who were just on the borderline—maybe partially in remission or in remission—or people who have never been diagnosed. The statistics bear out what you're saying. It's hard to talk about, it's hard to hear, but the truth is we are seeing a dramatic change in our health since COVID has been around.

Dr. Margaret Christensen 24:35

Yes. And I think it's critically important for people to start with compassion, no matter where they are on the spectrum of what happened, because there are all of my colleagues and all of my colleagues who are in this space who firmly believed what we were told and believed in our authorities and believed we were doing the right thing by recommending vaccines, getting them for ourselves, getting them for our families. And then to come find out that we have been massively, massively, massively betrayed. And it's very difficult, particularly for clinicians to admit that.

Dr. Margaret Christensen 25:08

I think starting with compassion [is important], no matter where you are in the spectrum. And also recognizing that it's very purposeful what happened in terms of turning us against one another. You are creating division on purpose among different factions. Whether it's the immigrants versus the non-[immigrants], whether it's the vaxxers versus the anti-vaxxers, Democrats or Republicans, it doesn't matter. Creating division is very purposeful. You recognize: "Okay, I did the best I could with the knowledge that I had; now I've got more knowledge here." The truth is finally coming out because the truth will come out. And this is what happened with frontline critical care doctors and all those "Disinformation Dozen" docs. They all turned out to be exactly right and true.

Dr. Margaret Christensen 25:59

So I think having compassion for yourself is a really good place to start, and then figuring out, "Okay, what symptoms might I be having today that may be lingering from having," like you said, "a disrupted immune system where you're seeing all these chronic infections recur?"—Epstein-Barr, Lyme, herpes or whatever. Oh my God, the shingles vaccine—do not get the shingles vaccine; it makes it worse. We're seeing all that.

Dr. Margaret Christensen 26:25

But once you know that and you understand it, then you know: "Oh, okay, these are all the principles that we can use from a functional standpoint, from a lifestyle standpoint, from a psychospiritual standpoint." I think you and I are here on a mission. We're here for a purpose and reason. And finding meaning and purpose in your suffering is part of the spiritual journey here of how to recover.

Dr. Jill 26:51

It is. It's really important. Maybe in the last few minutes, I think what's important is if you're listening and you hear this, you can be going into a fear state right now just because you're like: "Oh no, what happens? What did I do? Why am I symptomatic?" You and I, every day in clinic—I'll just speak for myself and then let you talk—I see people all the time who have post-inflammation, maybe a cancer issue, maybe an autoimmune issue. Even so, I'm getting great results with the functional approach: Going to the gut, going to the detox, and increasing autophagy to get rid of the macrophages that might have retained spike protein. So there is a solution, absolutely. And our immune systems are way more powerful than we ever believed. If anything that I saw during COVID is that our immune systems still do an amazing job of protecting us.

Dr. Jill 27:31

I just flew to Europe last month, and everybody's getting COVID. I did all the right things that I knew I needed to do. Everybody I knew had COVID. I didn't get sick because I was taking my immune support, getting great sleep, hacking jet lag, and taking vitamin D. Those things really work. So let's end with some hope. Say someone [inaudible] autoimmune, hormone disruption. What can we do to support our system? With stress, with vitamins—give us some basics there.

Dr. Margaret Christensen 28:02

Sure. First of all, exactly like you said, there is always hope for health and healing. We want to keep it simple: Clean food, clean air, clean water, and a clear mind. Working on those four simple areas can be super helpful. Clean food, we already mentioned—organic as possible, primarily plant-based. Clean water—make sure that you have some kind of water filtration device of some sort. Quit drinking out of plastic. That'd be helpful. Clean air—make sure that you have high-quality air filtration, what you're breathing, because all of that's impacting you. And then a clear mind. These are the things that we need to do with sleep, with prayer, with meditation, with having meaning and purpose in life, with having community, with creating therapeutic relationships with one another.

Dr. Margaret Christensen 28:41

And from the biological-chemical side of that, absolutely, vitamin D, fish oils, quercetin, zinc, a B complex, all those minerals—those are some simple things that we can do. And then also just once acknowledging, "Oh, this is maybe where the

problem is." Just that alone can be helpful. Just telling your story and knowing that there is hope on the other side can be a powerful difference.

Dr. Jill 29:13

Love it. Love it. Love it. We totally agree. I always say: Clean air, water, food, clean mind, clean body. So we sound very similar. In the last bit here, tell us: Where can people find you? Any projects you have coming up that you want to share?

Dr. Margaret Christensen 29:26

Sure. I have a big project that's out on the internet that's called "Hormonal Havoc: The COVID Fallout and How to Fix It," in which I interviewed almost 60 people who are at the front lines, kind of telling the truth of what's gone on and what's been going on and what to do about it and how to approach this, whether we're talking hormones or neurological issues or cardiovascular issues or whatever. That's available.

Dr. Margaret Christensen 29:42

You can go to my website, CarpathiaHealth.com. It's right on the front. Also, MoldDetoxDiet.com. Dr. Gail Clayton and I have put together information both for laypeople as well as for advanced practitioners deep-diving into the biochemistry aspects of mast cells and all of that. On that site is available my 150-page e-guide called "Hormonal Havoc: The COVID fallout and How to Fix It." If you're interested in "What are the next steps?" and you're maybe having some ongoing COVID challenges, that e-guide for 20 bucks is a great place to find me. So, CarpathiaHealth.com or MoldDetoxDiet.com.

Dr. Jill 30:33

Awesome. And if you're driving, don't worry about stopping. Anywhere you watch or listen to this podcast, we will have show notes. We'll include all the links that you heard here. Dr. Christensen, it's always a pleasure to talk to you. Thank you for doing so much good in the world and bringing these resources to the public. I sure appreciate you.

Dr. Margaret Christensen 30:49

Likewise, Jill. Yes, it's always a pleasure.

Dr. Jill 30:53

Hey guys, I hope you enjoyed this awesome episode with Dr. Margaret Christensen. Thank you so much, as always for tuning in to *Resiliency Radio*. I hope you enjoyed the show. Stay tuned for episodes out every Wednesday at YouTube under my channel at Dr. Jill Carnahan. You can find us on Spotify, iTunes, Stitcher, or anywhere that you listen to podcasts. Please stop by, leave a review, and give us a rating—five stars would be ideal. We'd love to see you there. And thank you again so much for joining us today.