

EPISODE 226

## Dr. Alan Christiansen

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**Shawn Stevenson:** Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, here with my beautiful, talented, gifted co-host and producer of The Model Health Show.

**Jade Harrell:** Yes.

**Shawn Stevenson:** Jade Harrell. What's up, Jade?

**Jade Harrell:** What's going on, Shawn?

**Shawn Stevenson:** How are you today?

**Jade Harrell:** I am glorinspiring.

**Shawn Stevenson:** Glorinspiring. Okay.

**Jade Harrell:** Glowing and inspiring today. I'm lit up.

**Shawn Stevenson:** I see that.

**Jade Harrell:** I'm lit up.

**Shawn Stevenson:** I see that.

**Jade Harrell:** Yes.

**Shawn Stevenson:** It reminded me of Gloria Estefan.

**Jade Harrell:** Oh man!

**Shawn Stevenson:** How you put that together.

**Jade Harrell:** I would take that honor any day. She's still amazing.

**Shawn Stevenson:** #Legend.

**Jade Harrell:** Right?

**Shawn Stevenson:** What was it called? Was it Miami Sound Machine?

**Jade Harrell:** Yes!

**Shawn Stevenson:** Is that right?

**Jade Harrell:** Look at you!

**Shawn Stevenson:** I know, right?

**Jade Harrell:** You're before your time.

**Shawn Stevenson:** Well you know, you say I have an old soul. Whatever that means. Everybody, thank you so much for tuning into the show today. We've got an incredible episode lined up for you and a really amazing, amazing guest who is going to drop some knowledge bombs, change of paradigm about some- we're going to talk about a different subject matter, but something I really wanted to focus on was like get the guy on this term called 'adrenal fatigue.'

This is something that's becoming very pervasive in our culture today, but what does it even mean really, and should we even be calling it that, right?

So we're going to dig into that, but first I want to give a quick shout-out to our show sponsor, Organifi. Head over to [www.Organifi.com/model](http://www.Organifi.com/model). That's [www.Organifi.com/model](http://www.Organifi.com/model) and you're going to get 20% off of their Green Juice Blend.

This is something that I use on a consistent basis, that I give to my kids on a consistent basis. This is a Green Superfood Blend, and here's the key, this is why it's so important, is that it's cold-processed. It's gently dried, it's not fried, dyed, baked, broiled, fricasseed. Like you're not even getting the stuff that they say is in there.

Nutrients, it's not just in one form. Like if you look at Mendeleev's Table of Elements, that's like measuring the ash of the magnesium. Right? It's not the same thing in how it exists in nature.

There are different forms of all of these substances, and in their natural state is the ideal way for the human body. This is how we've been evolving to consume these things.

So when you're getting synthetic and/or supplements that have just been created without regard to the processing, that's a big problem.

And so this is why I love Organifi as my kind of vitamin mineral supplement versus the synthetic supplements that are out there. Even some of the 'better' ones that are using whole food based formulas, how are they processing it?

And so this is really simple, it's something you can add to your smoothies, just toss in the water. Do you have that over there? Is that what you're sipping on?

**Jade Harrell:** That's exactly right!

**Shawn Stevenson:** I see you. You've got the green shaker bottle and the greens inside, so it's kind of sneaky.

**Jade Harrell:** Yeah it's kind of a jade thing going on.

**Shawn Stevenson:** It's got that Grinch- it's got the /Grinch that Stole Christmas/ kind of flow to it.

**Jade Harrell:** Can I get a Kermit or something? I want Kermit.

**Shawn Stevenson:** Okay.

**Jade Harrell:** Thank you.

**Shawn Stevenson:** So this is why I love them, also the combination. They have chlorella- organic chlorella, and this is really beneficial for moving heavy metals, also a unique compound called chlorella growth factor which has some really interesting clinical studies on some benefits for human physiology.

We've got spirulina, the most dense protein food on the planet gram for gram, 71% protein by weight. This is the highest protein food that we know about.

Chlorella also, it's around 50% protein by weight. So it's like spirulina, blue-green algae, chlorella. Those are the top three.

Also they have ashwagandha, we're talking about a very powerful adaptogen. It's been used in Ayurvedic medicine for thousands of years.

Tumeric, coconut water, mint makes it taste good. That's the outside biggest benefit is it actually tastes good, and I've used dozens and dozens of different green blends on your behalf, green powders. And it's a bit less pleasurable, but Organifi is just simply amazing.

So head over there, check them out, [www.Organifi.com/model](http://www.Organifi.com/model). Now let's get to the iTunes review of the week.

**Jade Harrell:** This is funny. 'The Meal Replacement Podcast.' Five stars. 'This podcast is so jam-packed with informational goodies that I actually unsubscribed from another health and wellness podcast I had subscribed to awhile back.

I was getting so much yummy education from this one, that it didn't make sense to keep snacking on the other. You guys keep me full and focused. Thank you so much for giving this gift to your listeners. Much love,' from Laura.

**Shawn Stevenson:** Oh my goodness, Laura thank you so much, big hug. I don't want to break up happy homes, you know? Let me make that clear. But I'm so glad that you are part of this community, it means the world to me, and everybody thank you so much for being a part of The Model Health Show community. We are making a big difference, and I just truly appreciate you making us a part of your lives, and I promise you the best is yet to come.

And it starts with today.

So today we've got on the one and only Dr. Alan Christiansen. Dr. Alan Christiansen is a naturopathic endocrinologist and the author of the New York Times bestselling book, 'Adrenal Reset Diet.'

And Dr. C's gift for figuring out what really works has helped hundreds of thousands of people reverse thyroid disease, lose weight, cure diabetes, and regain their energy.

And he is here today on The Model Health Show to really break some of these things down that are causing a lot of struggle, and putting people in desperate states.

So I'm very honored and happy to welcome to The Model Health Show Dr. Alan Christiansen. How are you doing today, man?

**Dr. Alan Christiansen:** Hey Shawn, I am doing awesome. I'm super jazzed to be here with you guys. Let's have some fun.

**Shawn Stevenson:** Awesome! I'm so excited to have you on. And we met at Consumer Health Summit, I think it was going on maybe- at least a year ago, and you're just somebody who really stuck out. And I think you were like going to go climb a mountain or something on a break. It was so random like, "Are you serious? Is this guy a superhero?"

But if people really knew your story behind the scenes, for you doing something like that is truly remarkable.

So can you take us back to the early days, and what got you interested in health and wellness in the first place?

**Dr. Alan Christiansen:** You know it was totally selfish stuff. I was a really miserable, fat, epileptic kid, and it sucked to be frank. I hit adolescence, and before then being a bookworm made up for whatever wasn't happening physically.

But around then I started realizing that the social world mattered, and I started caring about how I was perceived, and how I was treated, and how girls saw me or didn't see me, and this stuff started to become relevant.

And I put down the nerdy science space books a little while, I said, "Hey I've got to go hit some health books. I've got to figure out a different path."

And I realized that the data that we can have access to can just change our lives so radically, and that once your health shifts, everything is better. The connections you make, the relationships, what you can do with your mission.

And it wasn't so much what I was given from doctors, but it was information I found myself as a kid and applied that turned the tides on everything.

**Shawn Stevenson:** So you were diagnosed with cerebral palsy, is that correct?

**Dr. Alan Christiansen:** Yeah, I had cerebral palsy and complications from that which included epilepsy and a lot of motor difficulties. So I really just couldn't run, or play, or be physically active, or do most of those sorts of things.

**Shawn Stevenson:** So when people see you- I mean when you think of cerebral palsy you definitely don't think of somebody who is as vibrant, and healthy, and fit as you are.

And you actually had some different kinds of growing pains as you were moving past this, and you had one particular story that happened during college. Like I'm looking at your picture where you look like Axl Rose here where you're out running.

So can you tell us a little bit about that? I think it was like a 5k or something like that.

**Dr. Alan Christiansen:** That was a milestone. So I think my first race would have been kindergarten, and in that one we would run down to the end of the playground and back again. And the last runner was finished before me, and they're all waiting a long time for me to finally come in because I was like so far dead last.

Well the Axl Rose picture was the first race that I won.

**Shawn Stevenson:** Wow. Wow. So awesome. Coming from like- again when you started this being dead last to being first, and just making that decision to transform your body, transform your health.

But in school you actually shifted gears and you decided to study endocrinology. So what brought that up? Why endocrinology?

**Dr. Alan Christiansen:** Well yeah, so medicine was the natural extension for me. I had still this burning desire to learn more for myself, but also this conviction that if I can figure these things out that help me this much, there's got to be a whole lot of people who are also suffering that could use this information.

And the conventional medical route was where I was headed, but I learned about the naturopathic profession very late in the game. I wanted to incorporate what worked for me as far as diet, lifestyle, and natural steps, and as I got close to entering conventional medical school I had some mentors tell me, "That's cool kid, but you can't really do that. If you're deviating from standards of practice, you'll lose your license regardless of whether or not you're helping people."

So I was glad to find a profession of peers that supported my views. And in my training I came to see that so much of health is regulated by this delicate stage of chemicals in the body.

You know we have these glands that made literally microscopic amounts of stuff that floated around that were just life or death, and lifestyle could influence that but there was also these disease states that lifestyle could work around. So it was a huge draw for me.

**Shawn Stevenson:** Wow, so you're talking right now, you're describing the endocrine system. So can we like drill that down for everybody and just share what the endocrine system or endocrinology really entails? What does that encompass?

**Dr. Alan Christiansen:** You know, super simple things. So imagine a corporation, imagine like this big entity that's running your body. And you've got the CEO of the corporation that oversees all the things, but it's not so much there in the day-to-day details.

So that's the hypothalamus. That's a little tiny thing inside your brain. So imagine if you could pick your nose, and go about an inch further up.

**Shawn Stevenson:** I've seen somebody do that before in traffic.

**Dr. Alan Christiansen:** About an inch further up than you should, and yeah you've got the hypothalamus pituitary right in there. So hypothalamus is the CEO, the pituitary is the main manager. So the manager is actually working with the workers, and that's going to be the thyroid gland, the pineal gland, the adrenals, the ovaries or testicles.

So these glands make hormones and the pituitary tells them to make more or less based upon what the hypothalamus tells it, and those things collectively make up the endocrine system.

And the glands make chemicals that leave themselves and circulate throughout your whole body, and then control big things like literally your gender, whether you've got blood sugar that's stable or not, whether your body is in a state of panic or fight or flight, whether you're fixing things, whether you're growing or not. So they're all things that are governed by these glands.

**Shawn Stevenson:** That's so powerful. And the word 'hormone,' I like to tell people, like give them a simple explanation of what that is as much as possible, and it's basically these chemical messengers that communicate information between all the cells in your body. Right?

So it's kind of like if they're not present, this communication between your cells, there can be civil unrest in a way. And also those messages can get miscommunicated if the wrong hormones are doing things at the wrong time.

So this is super important stuff. Like your endocrine system is in many ways your experience of the world, right? And it's really kind of like how you feel. Like it's a deep visceral thing based on his expertise.

And so with that said I want to shift gears and talk about some of these endocrine organs. You mentioned the hypothalamus kind of being like the master gland, the pituitary.

The thyroid is along that path as well, and this is something that today like the thyroid is just kind of under attack. And so I want to talk about some- maybe some misconceptions about the thyroid.

So first of all, just start off, what's the thyroid? Where is it? And we'll go from there.

**Dr. Alan Christiansen:** You know, easy thing. So imagine someone wearing a bowtie. That's about the size and shape and location of the thyroid. You know, pretty close to that. So it's something about the mass of that, and roughly butterfly shaped, and just below the Adam's apple and is right beneath the skin.

**Shawn Stevenson:** Got it.

**Jade Harrell:** That is the best understanding I've ever had. Oh my goodness.

**Shawn Stevenson:** You did the bowtie, I was like, 'Who's getting married, huh?'

**Jade Harrell:** That's fantastic.

**Shawn Stevenson:** So now with that said, the thyroid gland, why today is like Hashimoto's, like number one autoimmune disease, so many people dealing with hyperthyroid, hypothyroid especially conditions? Why is this gland so susceptible?

**Dr. Alan Christiansen:** So endocrine glands in general and hormones are susceptible to disease more so now because a lot of our hormones have chemical similarities to toxins from the environment.

So pesticides, plastic compounds, solvents, metals.

Now this is doubly so for the thyroid because the thyroid has a concentrating pump that's there to take in iodine, concentrate iodine. And it should do that, but the problem is that so many chemicals we're exposed to are vaguely similar enough to iodine, they also get concentrated within the thyroid.

So you may have fifty or a hundred times as much lead, or mercury, or perchlorate, or plastic in your thyroid as you do in your liver or in your bloodstream. So that's why we're seeing this disease on the rise.

**Shawn Stevenson:** Holy smokes. And you're somebody who actually is looking at this gland, so to hear that we really need to pay attention because- so where is this exposure coming?

I know that obviously these are things we're picking up from our environment, but where specifically? What are some of the things we need to be more mindful of to protect our thyroid and not pull in some of these potentially volatile compounds?

**Dr. Alan Christiansen:** Well here's going to be a pretty wild concept, but the most documented toxicant by far for inducing all types of thyroid disease, you'd never guess it. It's iodine.

**Shawn Stevenson:** Wow. Would you look at that? Please tell me more. How is that?

**Dr. Alan Christiansen:** So this is a bizarre relationship. Every nutrient you can think of like magnesium, or B-12, or calcium, it's floating in your bloodstream, and that's how much your body uses. Your muscles use the amount of the concentration in your bloodstream.

Your thyroid needs so much more than is found in your blood that it concentrates it. Now the flipside of that concentrating is imagine that the circuits that power the plug-ins in your kitchen, imagine you suddenly got 1,000 times the amperage it was set up to handle.

So what would happen?

**Shawn Stevenson:** It'd blow out.

**Dr. Alan Christiansen:** You'd blow out, you'd blow a fuse, and that's built in so you don't burn your house down because the circuitry can change. So you've got that same fuse in your thyroid, it's a thing called the Wolff-Chaikoff Effect.

And whenever your intake of iodine goes above, some are between 300 micrograms if you're prone to thyroid disease, or about 1,000 micrograms if you're not yet prone to it. When you get above that much you blow the fuse and you shut everything off.

But coming back online, that's when inflammation, and autoimmunity, and the risk for thyroid cancer can all set in.

**Shawn Stevenson:** So there's like a paradoxical thing here.

**Dr. Alan Christiansen:** Yeah because too little is a problem as well. You need at least 100 micrograms a day for the thyroid to function and operate, but there's this super narrow window that when you're below it or above it, there's more risk for thyroid disease.

**Shawn Stevenson:** So how would you recommend modulating that? Because of that thin window, what should we look for? I mean should we be looking for specific foods with the iodine that we need? Or what do you suggest?

**Dr. Alan Christiansen:** So to answer that I would speak to a couple of different populations. So first off, population who has no thyroid disease and not under treatment and is not pregnant.

So most people in that group that have a diet with some variety, they're probably fine. It's probably not really an important thing for them either way.

The one pitfall would be iodine rich supplements, or iodine containing supplements.

Now to those who are pregnant they need a little bit more iodine, and if they're doing non-iodized salt, and if they're really limiting their intake of seafood, they could be a little low in that. And most prenatals have a little bit of iodine in them which compensates.

Now the population on thyroid disease, it's a really different message for them because they're on thyroid medications and those medications actually have a lot of iodine.

So they're up against the upper limit just by default because they're on some thyroid pills. So that population needs to really watch every little extra microgram they can avoid.

**Shawn Stevenson:** That's probably really enlightening for a lot of people because one of the things that you hear, and this is what I was taught probably a good solid ten years ago, clinically from people who really thought that they were helping to serve the cause of helping people with their thyroid, is to take more iodine. Right?

Supplement- people were taking capsules of like kelp. Like I saw somebody taking like ten capsules of kelp. I'm just like, 'This might be an issue.'

**Dr. Alan Christiansen:** Well it's logical, it's totally logical. The thyroid needs it so you think more would help further. But this is the phenomena that researchers have called the C-shaped curve of biology.

So the C-shaped curve means that here's how much something happens, and here's how much you need for it to happen. So when you're lower in iodine you see higher rates of thyroid disease. But when you're higher in iodine the curve goes up over here like a C on its back, we see higher rates of thyroid disease.

So it's almost never that 'the more the merrier' for a nutrient or a hormone. It's more so that there's a sweet spot. Too little is bad and too much is bad.

In some cases that sweet spot is pretty generous and it's not hard to be inside of that, but in some cases it's just too darn narrow, and this is one of them.

**Shawn Stevenson:** Yeah and like you mentioned earlier, a way to get this in in an adequate amount, a few servings of seafood, sea veggies a week should be pretty solid, right?

**Dr. Alan Christiansen:** You're in good shape. You know most people have a hard time getting deficient in that. There are times to where we'll do nuclear scans of people's thyroid and we have to have them iodine deficient going into it.

It's actually hard to do. There's very specific diets that are pretty weird that you wouldn't fall into otherwise.

**Shawn Stevenson:** Interesting, interesting. So let's move down a little bit in the body and talk about the pancreas. I think the pancreas is overlooked a lot as far as being this really powerful endocrine organ. So let's talk a little bit about that.

Like what is the pancreas responsible for? And let's just start with that.

**Dr. Alan Christiansen:** You know I love you talking about moving down the body, but let me give you one more generalizing concept about hormones along that line.

So if we go further below the pancreas then we're getting below the diaphragm. So above the diaphragm, hormones are all peptides, they're all chains of little proteins.

Do you ever see the little plastic beads that kids can stick together and make long little chains out of those different colored plastic shapes. And probably nasty stuff, but that's what an amino acid is like, that's what a peptide is like.

So everything here up is peptides; thyroid hormones, pancreatic hormones. And that's why many of them don't work that well for pills, like the pancreatic hormones.

Below the waist they're all steroids, they're all modified cholesterol. Everything from the adrenals and the testicles and the ovaries are all steroids.

So back to the pancreas, super huge organ. So that's mostly involved with food digestion and blood sugar regulation, and that's a factor in terms of just maintaining metabolic rate, also good body weight, storing versus burning.

And actually a lot of what it does we're learning now is dependent upon the liver working right also.

**Shawn Stevenson:** Oh of course we have to talk about the liver. So the hormones that the pancreas is producing. So let's talk a little bit about insulin and glucagon.

**Dr. Alan Christiansen:** So the big two, insulin and glucagon, the beta cells make insulin and the alpha cells make glucagon. And the old idea about that prediabetes, diabetes, poor blood sugar was that it was all the pancreas' fault for not doing things right with insulin, for making too much of it and the body getting numb to it.

The new model that we're seeing is that if the pancreas does its job fine but the liver doesn't work right, then we're actually making too much sugar by ourselves.

So we see that with diabetics or prediabetics, they wake up with high blood sugar, and in almost all cases they didn't just eat. They woke up fasting and their blood sugar is too high.

So we now have the technology to distinguish your blood sugar from what you made from what you ate, and it seems so logical that if you've got high glucose, there must have been too much of something that your body made into glucose that you ate recently.

But now we're seeing no, that many of these people it's more so what they've made and it's not what came from their diet at all.

**Shawn Stevenson:** Wow, that's powerful, really important insight there. So on the other side of that with glucagon. So this essentially is working maybe in an opposite way of what insulin is doing?

**Dr. Alan Christiansen:** Yeah exactly. So insulin, think about glucose. Glucose is a car, you've got to get the car inside the garage, so insulin is the garage door opener.

**Shawn Stevenson:** Love that! Love that!

**Jade Harrell:** He is so good with these analogies.

**Shawn Stevenson:** So insulin gets it in, and glucagon gets it out.

**Dr. Alan Christiansen:** Well to be really detailed now, what we've learned is that insulin helps get it in, it helps get it in faster, but it can actually drive through the garage door without insulin. That's been a rather recent finding.

So they've taken some mice and they've made it to where they have no beta cells, they can not produce insulin, but these mice don't respond to glucagon, and they're not diabetic. They have no high blood sugar, no complications of that.

**Shawn Stevenson:** Wow.

**Dr. Alan Christiansen:** So what we're learning is that it's only a problem when insulin can't shut off the body's overproduction of glucose from the liver, and insulin does that by lowering the alpha cell's production of glucagon.

**Shawn Stevenson:** You know what? So this reminded me of like all the action movies ever where they drive right through the door, they drive right through the gate. There's one- there's a recent movie, I think it's called like- something with Zach Galifianakis, it's like based on a true story.

And he's accelerating through the gate like to get away from people following him. He's like, "Hold on, hunny," and he hits that gate, boom. The car goes nowhere.

**Dr. Alan Christiansen:** The bank robbery one, I saw that.

**Shawn Stevenson:** Yes. It was so unexpected, like I was rolling because usually you just bust right through. Airbags came out, he just didn't get through the fence. But anyways-

**Jade Harrell:** So in this analogy would that mean that the garage door is remaining open and there's too many things coming in?

**Dr. Alan Christiansen:** Too many things coming in, yeah you've got too many cars on the road.

**Shawn Stevenson:** So this is a great spot to jump in and- I think the movie is called *Masterminds* if I remember correctly.

**Dr. Alan Christiansen:** Yeah, yeah it was really good.

**Shawn Stevenson:** So since the relationship with the liver here, and we've talked about this recently with Dr. Izabella Wentz, and having that connection, and how important the liver is even with relationship to the thyroid.

And so with the pancreas, let's talk about that relationship because I don't think people identify the liver typically as being like such an important endocrine gland in

the first place, but it has so many valuable jobs that it does. So let's shift gears and talk about that.

**Dr. Alan Christiansen:** Well the cheesy tagline is you can't live without your liver.

**Shawn Stevenson:** Yes, yes, yes. Liv-er. Liv-er. Yes.

**Jade Harrell:** I like it.

**Dr. Alan Christiansen:** So what's happening is that our body has to have glucose for fuel. And we can run on ketones, that's not our preferred fuel, we have a lot of ways to not go into ketosis if we can avoid that, but we can as a backup.

So glucose is preferred fuel for the body, and when there's not enough coming into the system, we make it from the liver and that's called gluconeogenesis. We can also make our muscles into glucose if there's not enough stored up in the liver.

So the pancreas makes insulin which first off, helps to make the garage door open more easily, but then also if blood sugar is low it pumps out a lot of glucagon.

So the detailed story is that making insulin in those beta cells actually calms down the production of glucagon from the alpha cells. And if it didn't, you'd make sugar when you didn't need to.

But in this issue about type 2 diabetes metabolic syndrome, the alpha cells aren't calmed down enough so the body is stuck in the state of gluconeogenesis.

And the paradox is that based on the old model of just glucose being bad and glucose in the diet, it seems so logical that you would just quit eating carbs and it would all get better.

But this is probably about a dozen years ago, I was following that theory and I would test people with a continuous glucose monitor.

So this is a pretty neat device. You wear a little piece of tape with a small wire on your skin and there's a sensor like the size of an old style pager, and you track your blood sugar 24/7. So like every minute of the day you see not just the level, but the rate of change, how quickly it's moving up or down.

And what I would see is that for a big subset of people, the less carbohydrates they ate, the higher their glucose levels went and the more they would have complications.

**Jade Harrell:** How is that possible?

**Dr. Alan Christiansen:** That's gluconeogenesis. So when your blood sugar starts to dip too low, if there's a rapid rate of change, many people's bodies freak out and they start converting muscle into glucose so fast that it's just pouring into their bloodstream.

**Shawn Stevenson:** Yeah. You know we've talked about this several times on the show. You're like, "How does that happen?"

**Jade Harrell:** I know because it's just like-

**Shawn Stevenson:** But this is your body is so- there's an innate intelligence which it's all about survival for your body, and if it's perceiving this threat. And so like we're going to shift gears and talk about the adrenals.

Even the rise in stress hormones can trigger that. And so that's really- it's so important to understand that because it's not just about the food, and I think we get caught up in that.

And me being a nutritionist, for many years I'm like, "It's all about the food. It's the food, you've got to eat this way," but it's so much more than that.

**Dr. Alan Christiansen:** Well and just one deep concept that sprang to my mind when you were talking about the body and its self-regulation is that- it's odd but there are some things that are hugely complex that you can explain with a very simple formula.

Like how the planets stay in orbit around the sun, or huge cosmetological things you can put in a tiny, little formula.

But biology is so different because it's self-regulating. You assume that if you do more of X, you get more of Y. But because things manage themselves internally, you don't. You may do more of X and get like no Y, and then at some point you might get a lot it.

There's not a lot of simple linear relationships because the body is so self-regulating.

**Shawn Stevenson:** Yes, yes indeed. You know and we've got to go back, we've got to get in some controversy. We've got to get some controversy going.

So you mentioned that ketones are not an optimal fuel.

**Dr. Alan Christiansen:** Sure.

**Shawn Stevenson:** Now we've had of course physicians who recommend ketosis. Then more so I'm seeing the more successful physicians out there who are really

impacting a lot of lives are more so saying that this is a tool to use, but to do some cycling, things like that.

So when you said that, what exactly did you mean?

**Dr. Alan Christiansen:** So there's been a decent amount of research on ketosis as a treatment for refractory epilepsy, for those that don't respond to medications very well.

And actually I've got a real good friend who's a nutritionist at Barrow's Neurological Center in Phoenix and she's been one of the real leads on that process.

And what she's found is that there are those that- yes, they don't respond to medications, they have frequent seizures, the ketogenic diet can help them with that, but it's actually higher in side effects than most of the medications are.

It's not a safe, healthy way for someone to spend their time, and it's an extremely limited diet that has very little food diversity and really wreaks havoc on the bowel flora.

So that's about how much we know about it in terms of scientific literature. Besides that, most of it is really speculative based upon the model about glucose being bad and starting on that take of glucose.

There was actually a study that was set up by some people that were hoping to see a strong metabolic advantage to a ketotic diet in terms of more fat burned and more weight loss when they were put on the same calories from a diet that was actually really high in processed carbohydrates.

Gary Taubs and his research group put this together and what they saw was that on the exact same calorie diets, 2,700 calories for people who one was on ketosis, one was actually on about 55% carbohydrates and about 25% sugar.

**Shawn Stevenson:** Wow.

**Dr. Alan Christiansen:** So a diet that was honestly set up to fail, it was a straw man diet, but in terms of body fat loss and metabolic rate, the carb / sugar diet was superior to the ketogenic diet.

And Kevin Hall, one of the lead researchers, has spoken out about these findings and said, "These are real findings." And there's been a conflict from the research- from the founder of the study and the researchers, because the researchers said, "Hey here's what we saw. Sorry you don't like it, but this is what the science showed us."

**Shawn Stevenson:** Yes.

**Dr. Alan Christiansen:** So in terms of weight loss or physical performance, I have not seen data suggesting it's effective for those things in terms of non-refractive epilepsy, probably a helpful thing in some circumstances.

**Shawn Stevenson:** And that was actually the first thing that came to mind when you said that, was just like you especially, like you're somebody who had that history when you were younger.

And to see the data showing how it can be helpful for something like epilepsy, but then we stretch that out and we see it today as becoming this kind of new phenomenon.

And I just want people to be aware that this might- because it is very sexy for sure, but it might not be what's right for you, so we have to be cognizant of what this is doing to your unique biomarkers. I would highly recommend you check that, stay on top of that.

And also know that there are other options. There are carb-cycling, there are higher carb diets where you're managing your calories a little bit differently; there's a lot of different paths to the goal.

But if the ketogenic approach is something that's working for you, and your numbers look right, and you feel good, more power to you but please understand that some people- a nice percentage of people actually are going to see better results.

And also when he's talking about gluconeogenesis, that's something you might want to be a little bit mindful of when talking about breaking down your very valuable lean muscle tissue.

**Dr. Alan Christiansen:** Well and you wanted to talk about the adrenals too. So what's happening with gluconeogenesis, is you're utilizing stress hormones to turn your muscles into sugar. So the lower carb you go and the more you try to stay in ketosis, the more you're making extra cortisol to convert muscle proteins into glucose.

That's the drawback, you're using more stress hormones.

**Shawn Stevenson:** So what is the trigger? Is that adrenaline? Noradrenaline?

**Dr. Alan Christiansen:** It's actually cortisol. So adrenaline and noradrenaline are very quick acting alert hormones, but cortisol is a glucocorticoid, so it's acting to regulate blood sugar.

**Shawn Stevenson:** Got it, yes. So let's dive in deeper with cortisol. So cortisol- actually you know what we'll do? We'll talk about cortisol right after this break

because this is a big subject matter and I really want to make sure that we create a really great encompassing understanding of this very important hormone.

So we'll talk about that right after this quick break. We'll be right back.

And we are back and we're talking with the one and only Dr. Alan Christiansen, and he is the author of the New York Times bestselling book, 'Adrenal Reset Diet.' Alright so he knows a thing or twenty about the adrenals.

And before the break we were just about to talk about cortisol. So cortisol from my research, it's really gotten a bad rap today as being a big problem causer, but it's actually really important for certain processes in the body.

So let's talk about that first.

**Dr. Alan Christiansen:** Yeah so there's a couple main roles cortisol plays. One of which, it regulates blood sugar and it's categorized as a glucocorticoid for that reason.

It also controls inflammation. So if you over train, you get sick, you have some kind of a trauma, your body needs to make its own internal anti-inflammatory to stop that and arrest that.

It also controls blood pressure and blood electrolytes.

And the last big role is that it controls cell permeability relative to other hormones. So your cells have this cycle of opening up and absorbing thyroid hormones, ovarian hormones, testicular hormones, and then there are periods of time in which they absorb them less effectively, and that's intentional.

And the cortisol rhythm of day to night is what controls that cell permeability cycle.

**Shawn Stevenson:** That is so interesting. So with that said, cortisol is not a bad guy. You need cortisol, but the real issue is that if it's produced in the wrong amounts, and at the wrong time as well can be an issue.

So the adrenals, this part of our physiology has some really important roles. We kind of tend to think about like fight or flight mode, but let's dive in and actually talk about the adrenals. And then- let's just do that first, I've got so many things I want to talk to you about.

So let's talk about the adrenals, where they're located, and what their role is.

**Jade Harrell:** Yeah.

**Dr. Alan Christiansen:** So they're most commonly sitting on top of your kidneys, but there actually is some variation. There's times in which they're not at the same spot, or there's more than two of them, or they're elsewhere, but typically you've got one on top of each kidney.

To be really precise, because of your liver, the right one sits a little bit lower than the left, it's kind of pushed down a little bit. And they're about the size of a dice, like a little rolling dice, and they make over 57 hormones, there's layers to them.

So the outer layers make the hormones that regulate blood sugar, the middle layer makes hormones that regulate electrolytes, and the deepest layer makes hormones that regulate reproduction.

Do you want to know how I memorized that?

**Jade Harrell:** Yes.

**Shawn Stevenson:** Of course.

**Dr. Alan Christiansen:** So we have a lot of weird things to memorize in medical school, and if they're a little bit risqué they stick in your mind easier. So sugar, salt, and sex...the deeper you go, the sweeter it gets.

**Jade Harrell:** I love it.

**Shawn Stevenson:** Alright, that's going on a tee-shirt. It's done. It's done.

**Jade Harrell:** Call it committed to memory.

**Shawn Stevenson:** So with understanding a deeper- so the adrenals are just so important and so powerful, but just even that little insight of like you might have more than two, right?

**Dr. Alan Christiansen:** Yeah.

**Shawn Stevenson:** Like that is so eye-opening because we think that we're this like very symmetrical being, right? And until we get to the bits, that can be a little bit weird. Like, 'Oh you're symmetrical? Weird!'

But with the adrenals, even those are kind of lopsided. It's like, 'Pull your adrenals up.'

**Jade Harrell:** I love it!

**Shawn Stevenson:** They're kind of a strange organ. But I wanted to talk about this term now, and oh my goodness I can't tell you how many times I've heard this diagnosis of adrenal fatigue.

And you say that this is actually- even what it's called is a bit of a misnomer. So let's talk about that.

**Dr. Alan Christiansen:** So imagine that in your world, that the word 'nutrition' was a misnomer and you had to bite your tongue every time you said it.

That's how I feel about adrenal fatigue.

**Jade Harrell:** That's great.

**Dr. Alan Christiansen:** So there's a real thing. We talked about the hypothalamus, and the pituitary, and the adrenals, and those three together make up what's called the HPA axis. And that's really your regulation of life is good, and you're safe, and you can have babies, you can fix yourself really well. Or you've got to panic and hunker down for something dangerous to happen.

There's two big different modes we're in; it's been called 'fight or flight' or 'feed and breed.' And the HPA distinguishes which mode we're functioning in.

So there's a real problem by which that HPA becomes quick to go into a panic mode, and early life trauma is a huge factor for that. The accumulative stress loads and pace of modern life, it's a very real phenomenon.

But that phenomena, to call it adrenal fatigue is a little misnomer because it implies that the adrenal glands are weakened or that they're sluggish, and that if they're making too little cortisol it's because they're worn out and they're unable to do so.

And there is a state in which that happens, but that's not this one. That's called Addison's disease and it's an autoimmune disease. It's really the Hashimoto's of the adrenals.

So it's an autoimmune disease in which the adrenals get broken down, and you don't have enough parts left to make enough hormone. But that's really rare, that's a few people per million.

So this other thing is HPA dysregulation is probably affecting the majority of us in the modern world to some degree. But it's not fatigue.

So cortisol is low because your body wants to lower it, and wants to adjust it to give yourself space to heal.

So with the expectation that it's some errant mistake about cortisol not being made in adequate quantities, then many think about that and think, 'Well why not just give cortisol as a medication and then reverse it if the problem is lack of cortisol?' And that's the mindset that comes from that misunderstanding.

**Shawn Stevenson:** Okay so I want to continue on this, but I want to jump back really quickly and talk about Addison's disease.

**Dr. Alan Christiansen:** Yeah.

**Shawn Stevenson:** So what have you found to be the underlying culprit for Addison's? Is it similar to what can happen with Hashimoto's?

**Dr. Alan Christiansen:** Well it's some similar culprits. There's probably a stronger genetic facet, but there still can be similar immune stressors that seem to be behind that.

It is more rare, and it's oftentimes less on an continuum. Hashimoto's, there's a continuum and there's many- probably 25% to 25% of people that regardless of what they do, it's going to go away and they're going to get better.

And there's another group to where it will slow the gland down a bit and it will just stay there to where someone is sluggish. Another group to where the gland is going to get shut down and totally destroy it.

So with Addison's, there's not so much of that distribution. It's a much higher percent of just full degradation and full destruction of the glands.

**Shawn Stevenson:** Now with this- and so we're saying this biting our tongue. Adrenal fatigue. So we really need to look at- because people are experiencing- first of all the symptoms, let's talk about the symptoms so people might get an understanding that, 'This might be a potential issue for me.'

And then what are the things that we really need to do to try and reverse this condition?

**Dr. Alan Christiansen:** So the symptoms- I want to talk about symptoms, but also symptom distinguishers.

So the symptoms, we can see things like craving of sugar or salt, big gaps in mental function, energy dropping off, chronic muscular pains, changes to skin, mid-body weight gain, loss of skeletal muscles, mood changes.

Now those can be very vague symptoms that many things can cause. Because the adrenals have this role of controlling your circadian cycle, and your daytime versus

your nighttime rhythms, one really specific nuance of symptoms that points more towards them is that there's a daily cycle to them.

So someone who says, "I'm tired all the time," that can be from the adrenals, or it could be because they're anemic, or any number of causes. But if someone says, "Hey I'm great but I crash at like 2:00 in the afternoon," like oh okay, that's more likely to be an adrenal problem.

**Shawn Stevenson:** Interesting.

**Jade Harrell:** Well we just had a conversation about sleep and napping, and how if we're pulled to that nap, we need to take a closer look at what else might be in play.

And one of those is a great night's sleep, but then with this in consideration there's a few more things that we need to pay attention to.

**Dr. Alan Christiansen:** Well and the adrenals do affect sleep. So the pineal gland which is a little, tiny thing near the back of the brain, that's making melatonin, and melatonin and cortisol sit on a seesaw with each other.

So in the morning you wake up, you make a boost of cortisol, and you shut off melatonin production. And then at night, your cortisol plummets, and that triggers melatonin output.

So cortisol is the leader of that band so to speak, so if cortisol's not right, melatonin won't be right and you won't get tired when you should, you won't wake up when you should, and you won't feel well rested.

**Shawn Stevenson:** Right.

**Jade Harrell:** And like a seesaw, be stagnant, just stuck.

**Shawn Stevenson:** Yeah, which is so boring, right?

**Jade Harrell:** He said boring.

**Shawn Stevenson:** You're the worst seesaw partner ever. But this understanding, like you just mentioned of them having an inverse relationship, and cortisol is actually the leader of the band. I guess it's like Van Halen.

The guitar player suspiciously- because it's usually the person out front, he's really the leader. You know and melatonin for us is like, 'We just want to produce melatonin so we can get great sleep.'

Well cortisol is actually the band leader here, and you can get replaced.

So with that said, what can we do to really focus on improving or reversing- and again I get it, bite your tongue, with adrenal fatigue? What do we really need to do? Because a lot of people are struggling with these symptoms. What's the real solution here?

**Dr. Alan Christiansen:** So they're real symptoms, the nice thing is that this really is reversible. And first thing is getting a clear diagnosis to make sure that it's not something else that's causing the symptoms, but assuming that's what the cause is, two things I think are most powerful.

One is carb-cycling and I'll give some more depth on a version of that, because there are different forms of that. And the other one is light therapies.

So carb-cycling, I talked in the reset diet about how carbs lower cortisol. They raise insulin, and insulin and cortisol are also- there's a lot of seesaws in here. They have also got a seesaw going.

So if you have some healthy carbs later in the day, that can serve to keep cortisol from being as high in the evening. And any kind can work well for that. It can be from vegetables, from legumes, from intact grains, they can all get the job done but it does take upwards of about three quarters of a cup of a dense form of carbohydrates.

So for vegetables we're thinking like sweet potato, or squash, or potatoes of some sorts.

The other big thing though is light therapies. So one of the main things that kept us in rhythm in the natural world before we were modernized was waking up to sunlight. The intensity of light, but also the wavelengths of it. They stimulate the brain to start the first step that ends up leading into the whole nighttime cycle.

And indoors- it's so weird because right now I'm in the Sonoran Desert and outside it's always bright, and I've got this big sliding glass door here. But this side of that window, I would guess light intensity in the room is maybe about like 500-600 lux, light intensity units.

And if I go just outside that window it would be about 130,000 lux. Our brains compensate better than any camera. I mean we can walk around by candlelight and not hit the wall. We can see.

We can go outside on a sunny day and still navigate. It's like millions of magnitudes of order different light intensity. But we don't realize how much brighter it is outside than inside. And inside, it doesn't matter how many windows, how many lights, it's not enough to really tell your brain, 'Now it's morning.'

**Shawn Stevenson:** Is that a light therapy device I see behind you there?

**Dr. Alan Christiansen:** No. It's a studio light. But I do use light therapy devices because a lot of times of the year you can't get the light intensity you need outside because the sun's not up when you're waking up sometimes.

**Shawn Stevenson:** So what would you- I mean there's visors, there's light boxes. So what do you generally recommend?

**Dr. Alan Christiansen:** So in the morning, some kind of a light box that emits- the units are lux. I was just saying this the other day and someone thought I said ten thousand bucks. No, it's ten thousand lux.

They're about \$100, they're pretty cost effective, but you want ones that emit about ten thousand lux of light intensity.

And our bodies are so cued to the natural environment, if that light's coming straight at you, or from below, it won't help at all.

You need a light source that's just from above your head. So the better ones have a platform, you put them on a desk or a table, and you look down and have breakfast, or read, or journal or something, and you get that light from above like the sun would provide.

**Shawn Stevenson:** So interesting. And so there's like really solid research showing that these light boxes are effective for things like seasonal affective disorder, right? Especially during the times when the 'winter blues,' and how helpful that can be with helping with sleep, depression, things of that nature.

So this is something to look into if you're somebody who's struggled with any of those symptoms, those conditions, maybe some light therapy could be helpful there as well. But as we're learning today this can be extremely helpful for what we know as adrenal fatigue.

And I want to go back, we've got to talk more about carb-cycling.

**Dr. Alan Christiansen:** Yeah, sure.

**Shawn Stevenson:** So what does that even mean?

**Dr. Alan Christiansen:** You know it's been used in different contexts. When I first wrote the manuscript for the book, the term hadn't been out much. But in the process of the book finishing, it was often used to talk about doing high carb for a couple of days, and low carbs for a few days.

And that's not so much the version I was referring to. It was more so in the context of one day, more so pushing more of your carbohydrates to your later meal.

And the funny thing is that the protests are predictable, but if I eat carbs at night I'll get fat.

So the cycle is that yeah, if you take any diet that's already too much food and you add just processed carbs on top of it, that's a problem.

But they've done some papers showing that- one of the better ones was done on Israeli police to where they were on controlled diets in an institution, and exact same food amount, same food, same calories, but one group had their carbs pushed to the nighttime, and that group had significant fat loss, significant changes in inflammation, better blood sugar.

So the assumption is that when you eat something, you're going to use it right away. They say that if you're going to eat carbs, eat them in the morning, you can burn them.

Well no, the gas tank doesn't go to the engine that quickly. What we're burning right now is not breakfast. Breakfast is important, but we're not burning it in the daytime. We're mostly burning yesterday's food right now from glycogen.

So think about marathoners. It's not a pasta breakfast before the race, it's a pasta dinner the night before. That's how you get fuel in your muscles, that's the timeframe that it takes.

**Shawn Stevenson:** Very interesting. And in the morning as well, you're kind of setting the pace for your metabolism as well. This isn't a time to carb load to start your day.

**Dr. Alan Christiansen:** Not so much. Protein is so helpful in the morning. And right, not so much because you're burning it for fuel, but you're really setting up the metabolic rate in your insulin pathways.

So we're backlogging our carbs, putting them later in the day, and actually we talked about this on a recent episode with Morris Chestnut and Obi Obadike who's a celebrity trainer.

That's one of the myths that they set out to bust is that eating carbs at night is going to make you gain weight. It just simply doesn't work like that, and I shared a story that when I was really- this was kind of the beginning of my career, and really transformed my health.

I would eat like two bowls of cereal and a banana every night, and I was my leanest that I have ever been outside of like really extreme cutting things, watching what I eat, exercise. But just- from working out a few times a week, eating really healthy.

I was like floating around 7% to 8% body fat easily, and I was eating that many carbs at night. And I don't recommend doing the cereal before bed, okay that's not what I'm talking about.

But I did evolve. Like a lot of times when we're working on our health we take these steps. I went from Honey Nut Cheerios, like I had this intimate affair with this bee, to organic Honey Nut Cheerios, to like organic Shredded Wheat, to just like all these things that just continued to have that bowl with milk in it and some kind of crunchy substance, right?

That's really what I was looking for. And so we go through those steps. But eventually- and my wife can tell you, that's when she was my girlfriend. I would have so many empty boxes of cereal but I was like, 'It's organic. It's high fiber.'

You know but we can go for much higher quality foods. But again, everything is still an option. You know as he's talked about, like even having these processed carbohydrates in that particular study he mentioned, people were still getting benefits.

But we of course do want to consider what are you making your cells out of, right? So we want to go for the highest quality stuff that we can and just think about, 'What have we evolved eating the longest?'

That's probably our best measuring stick of what's going to be great for you right now.

So with this, when we're talking about adrenal fatigue, when we're transitioning out of it, we're getting ourselves healthier, are there any specific- outside of the carb-cycling, any specific nutrients, diet recommendations to help to support our adrenal function?

**Dr. Alan Christiansen:** Well the more you balance your blood sugar, the better. So the glands have to put a lot of work into propping up your blood sugar when it drops off. So it's having food on a regular enough basis, and breakfast is huge towards that.

You know, oddly enough from doing those continuous glucose meters, I would see that that first meal would predict the whole day's blood sugar response curve. Whether you had it or not, whether it had adequate amounts of protein or fiber.

One food element that I've been excited about and put a lot of time and studying and recommending is a compound called resistance starch.

So the more your blood sugar is stable, the healthier your adrenals are. We've talked about diabetes, we've touched on that, that's a disease of high blood sugar. The worst blood sugar disease of all is something called glycogen storage defect. And

that's something by which if people do not eat over the course of a few hours, they can die.

We've talked about how we pull glycogen out of storage to raise our blood sugar, some people can't make glycogen at all. So in the absence of food coming in their bloodstream for blood sugar, they perish. They would go into a hyperglycemic coma and just die.

So people that had kids with this disease, sadly they didn't end up a long lifespan, but also in terms of logistics of life, no one could sleep at night. You had to be feeding every hour and a half or so, so no one got to sleep throughout the night at all in the household.

But long about in the eighties, the mid-eighties, some researchers saw these highly branched, high amylopectin carbohydrate derivatives, and they started speculating that maybe these would work differently.

And they gave them to some of these kids as food at nighttime, and they saw they can get seven to nine hours of stable, steady blood sugar which was just unheard of. No food had done that before.

So resistance starch, unlike a carbohydrate, is not absorbed in the small intestine, it's actually converted to fuel by good bacteria in the large intestine.

So because it's working further down, it takes a long time to kick in, it doesn't cause insulin spikes or cortisol reactions, and it has huge beneficial affects upon the gut flora and inflammation in the body.

**Jade Harrell:** Super.

**Shawn Stevenson:** That's super important but this is going to be a little bit of a rigid kind of paradigm shifter here for people who are following maybe like a Paleo protocol, things of that nature, because it's some of the things it's going to include. But they can be life-saving in some aspects.

You know even resistance starch is so important for certain gut bacteria. You know we've talked about this many times on the show that there are these species of gut bacteria, and we're seeing like endangered species, extinct- some species going extinct. Resistance starch is a big key to that.

So first, can you talk about what are some of our options for resistance starch foods?

**Dr. Alan Christiansen:** The densest versions of that are going to be tubers and legumes. So various types of potatoes. Not so much in sweet potatoes, a little bit, but we'll see this in some of the tropical type plants as well.

The way they're cooked affects it. So when potatoes are broiled, and then refrigerated, and then reheated, and then cooled, then reheated, they keep making more and more of it. So that's one of the great densest sources. White beans, navy northern cannellini beans are also pretty high in that, and then under-ripe bananas and plantains have some of that as well.

You know ironically about the Paleo thing, I can't keep my nose out of controversy sometimes, but I really stumbled across this concept that made me kind of not. So the whole Paleo movement came from the Paleo diet book from 2010, and this book went on and on about the Catawban.

And Lindeberg's studies have come out a few years back looking at the Catawban, these people in their excellent health. You know they all smoked, they were like 76% smokers for the females, 80% for the males, but no one had blood pressure problems and no one had heart disease.

And it was so bizarre that this researcher compared them against a similar group of Swedes, and he saw that- yeah their heart disease rates were just more than tenfold different. And he attributed much of it to their diet.

So the paleo diet book talked about- recommended a diet which oddly enough was almost the exact opposite macronutrient ratio as the Catawban's diet. The Catawban's diet was 70% carbohydrate, and it was mostly based upon tubers and starchy, starchy foods.

And the paleo diet book recommended a diet that was about 30% or less carbohydrate and avoiding all those foods. So that makes me nuts. But the Catawban had high amounts of starch and resistant starch in their diet, so they were on a paleo diet but that's not what the paleo diet has come out from.

**Shawn Stevenson:** Yeah so we've got to keep that in mind, is that ratio, you know the macronutrient ratios for you. And I like to point people back to if we can have access to what do your genes expect?

If we look at your lineage a little bit closer, like are you somebody whose bloodline is closer to like Norway, or to someplace in Brazil? Like these little subtle things matter which that ratio, instead of being so dogmatic like, 'I need to have 20% fat, and 80%-' but to have the audacity to change things up for yourself, to experiment, and to see where you feel best and also where your bloodwork.

Because we can look at that stuff and he's even talking about having that monitor on to check what's going on with your blood sugar if you really want to get super geeked out about it.

But I think it's really important because when we talk about a food like legumes, when we're talking about beans, this was something that is excluded. It's like a really bad food, it's not labeled as Paleo, whatever the case might be.

And I love the Paleo framework, I think it's incredible and so helpful for people, but we don't want to limit ourselves. We want to look at again, 'Have humans been eating this food a long time?' Yes they have, and here's the key though is that we want to make sure ideally they have second hand enzyme inhibitors, we want to soak the beans. That's going to help with the digestive expression.

Because you know, a lot of people have the thing with if you eat beans, you're going to fart, you're going to get gassy or whatever. A lot of times it's just from the beans not being prepared properly, right? Also the cooking time, those kinds of things can really help a lot. And it's just something that might be consideration if you're following a Paleo protocol, and maybe you're having some gut dysbiosis, adding in some resistant starch may be game changing for you.

**Dr. Alan Christiansen:** Yeah and if you do it too abruptly it might be too game changing in the moment because gradual transitions can be smoother.

**Shawn Stevenson:** Right.

**Dr. Alan Christiansen:** But you talked about how you can see day-to-day symptoms, you can see blood sugar, and that's so true. It's important to really be mindful of your current health and your current states.

One thing that's a pitfall though is that things like chronic disease and longevity, you're not aware of until it's too late. Nothing you do or you perceive on a day-to-day basis can tell you what's going to happen in your future. So that's why there's value in looking at some of the populations that we've tracked well and seen higher rates of longevity and lower rates of chronic disease, and we can learn from them.

**Shawn Stevenson:** Absolutely. With that said of not jumping too quickly into either thing, I remember this little meme where it's just like doing back squats after eating a bean burrito. I too like to live dangerously.

So Dr. Alan Christiansen, I've got a final question for you and this has been so enlightening, and I just love speaking with you. But can you share what is the model that you're here to set for other people with the way that you're living your life personally?

**Dr. Alan Christiansen:** You know, I think a big thing is thinking about how it is you make decisions. You know not just a matter of what advice you follow, but why you follow the advice.

And there's a big distinction between information that's an idea, or information that's an actual data point, or an experiment, or an outcome.

I'm looking out my window and I can see about where Sky Harbor Airport is, and I can look at a map and I can speculate, 'Oh I can take this highway, that highway, and the other highway, and I can make a really elegant model on how to get there.'

And someone else could say, 'Hey I'm an Uber driver, I do this all day long, and that's not the best way to go.'

So it's so important to try to model things after experience and data points, and not just ideas and expectations.

And one thing to model I talk about too just in closing is having some- taking some space, always taking some time away to visit things and re-think the big perspectives, especially on your health.

I just came back from one of my quarterly retreats, these have evolved over the years, but now I backpack in the wilderness for a few days and bring a notebook, and not too much else.

And times like that where you're just off the grid and away from day-to-day activities are so, so critical to understand all facets of just your life, your happiness, your health, your purposes.

So yeah, just take some time off and think things through.

**Shawn Stevenson:** Love that. We haven't heard that said on the show.

**Jade Harrell:** No, not like that.

**Shawn Stevenson:** So thank you for bringing that one up. Can you let everybody know where they can connect with you online and of course where they can find your book as well?

**Dr. Alan Christiansen:** Yeah, easy thing. Just Google 'Alan Christiansen' and you'll find [www.DrChristiansen.com](http://www.DrChristiansen.com) and my books are on Amazon and all the big bookstores, so I'm easy to find.

**Shawn Stevenson:** Perfect, and of course we'll link all that stuff up in the show notes. You guys can head over to [www.TheModelHealthShow.com](http://www.TheModelHealthShow.com) and find that.

And Alan, you are just an exceptional human being, your story is remarkable, and again my first experience in meeting you was like, "Hey I'm about to go climb this mountain over here," and I'm just like, "These guys-" and this was like on a break. Right?

I'm like trying to just go find some water and sit my butt down, and coming from that, from somebody who in early parts of your life, cerebral palsy, like these things that are considered to be incurable and just life devastating that there are solutions, that there is a possibility to get better is so important to share these stories, and I'm so grateful to bring you on the show today. Thank you.

**Jade Harrell:** And I'm so grateful because you're such an eloquent teacher. And I mean you really simplified, but also enlightened and lifted our awareness of things that could really make a key difference in our outcomes.

**Shawn Stevenson:** Yes.

**Dr. Alan Christiansen:** That's awesome, thank you so much, Jade.

**Shawn Stevenson:** So thank you my man, and I appreciate you, and everybody definitely head over and check him out. And again, everything will be in the show notes at [www.TheModelHealthShow.com](http://www.TheModelHealthShow.com).

Everybody thank you so much for tuning into the show today, I hope you got a lot of value out of this.

He has helped tens of thousands of people firsthand, hundreds of thousands even getting into the millions of people impacted by his work, and really- again this is somebody who's looking at the data, tracking things. He's not just throwing something out there, like he really is doing the homework and he's been able to help a lot of people with what he's come across.

So if you're somebody who's been diagnosed with adrenal fatigue, or you have the feeling that this might be something that has been plaguing you for a while now, he has some solutions so definitely make sure to follow him and check out his work.

Also we've got to change our lexicon. Some of these things can get labeled a little bit different, and the issue might not even be your adrenals in the first place.

It might be upstream.

**Jade Harrell:** Or their fatigue.

**Shawn Stevenson:** You know we've talked about the pituitary, we've talked about the pancreas, we've talked about the liver. All of these organs, this is like your body is like this beautiful, amazing symphony, and it's all working together to create some amazing music, or the music is straight up like hot garbage, right? It can get messed up.

So we need to be mindful of that, so we want to create a really healthy happy synergy with a great conductor, and you are the conductor.

So you get to make these choices that are really guiding and dictating the health experience that you're having.

So if you've gotten a lot of value out of this episode, please make sure to share this out with your friends over on social media, Facebook, Instagram.

**Jade Harrell:** Text them, you can put the link in a text.

**Shawn Stevenson:** You can even text a link, yes. They can pop it right there on their phone, and give that gift of good health and insight.

I appreciate you so much for tuning in today, it means the world to me. We've got some amazing, amazing guests and episodes coming up, so make sure to stay tuned.

Take care, have an amazing day, and I'll talk with you soon.

And make sure for more after the show, you head over to [www.TheModelHealthShow.com](http://www.TheModelHealthShow.com), that's where you can find the show notes, and if you've got any questions or comments, make sure to let me know. And please head over to iTunes and give us a five star rating, and let everybody know that our show is awesome.

**Jade Harrell:** Yeah.

**Shawn Stevenson:** And you're loving it.

**Jade Harrell:** Yeah.

**Shawn Stevenson:** And I read all the comments, so please leave me a comment there, and take care everybody. I promise to keep giving you more powerful, empowering, great content to help transform your life. Thanks for tuning in.