



THE

FATIGUE

SUPER

CONFERENCE

## **Functional medicine is the future**

Guest: Andrea Nakayama

**Alex:** Welcome to The Fatigue Super Conference and for this conversation I'm talking with Andrea Nakayama and this I think is going to be a really important conversation for people because many of the experts that I'm interviewing as part of this have referred to functional medicine or a functional kind of approach and we haven't really contextualized exactly what that is and how that's different to a more traditional allopathic approach. So that's what we're going to get into in this discussion.

To give a bit of background on Andrea, Andrea has become a big deal in the world of functional medicine as a nutritionist who can help chronically ill people get better when no one else can. Her clinical skills have won her the attention of many world-renowned doctors who consult with her on their own difficult cases.

More than that Andrea trains a thousand practitioners every year in how to have the clinical success that she's had. She's training an army of change makers, I like that phrase, in the field of healthcare. Those triumphs come out of Andrea's own tragedy when her young husband was diagnosed with a fatal brain tumor whilst she was pregnant with their only child.

So Andrea welcome to The Fatigue Super Conference, thank you for making the time to talk to me.

**Andrea:** Yeah thank you for having me, I'm excited to talk about this topic and just support your work around fatigue.

**Alex:** Thank you so much. I'd love to start, if it's OK, a bit about your story just at the end of the bio there. That's a pretty significant life changing event so perhaps you could share a bit about how that impacted upon you and how that deepened or brought your fascination to the world of functional medicine?

**Andrea:** Yeah absolutely. It was really an awakening for me. I think many of us have these life events either health circumstances that happen to ourselves or a loved one that change everything from that point forward. In functional medicine, as we'll discuss, we might call that a trigger, there's a big life event.

So my husband as you said was diagnosed with a brain tumour called a Glioblastoma Multiforme, a very aggressive brain tumor, when I was just seven weeks pregnant. This was back in April of 2000 and that was of course life changing. He was given six months to live, he wasn't supposed to see our child born, he in fact lived 2 and a half years, just under 2 and a half years. So he died when our son was 19 months old, of course that son is a teenager now so it was a long time ago but it was of course a huge life changing event. We did a tremendous amount to shift that prognosis so in addition to embracing everything we could allopathically we took the 'yes and' approach, or what I now call the 'yes and' approach, which was doing everything and anything else we could do to shift that prognosis.

That was an awakening for me in a number of ways but in particular seeing how my husband, Isamu, was treated like his diagnosis, which didn't make sense to me. Here I had the man who was my soul mate and my partner and a very stoic man who was about to be a father and a husband and a son and a brother and an amazing worker and passionate musician and here he was treated like a dead man walking. That didn't make sense to me so when I found my way years later to the concepts of functional medicine everything started to make sense, that we treat a person like an individual, like human.

So that story was certainly a catapult for me, I didn't even work in the field at that time but I was passionate about food as medicine and we did make a difference.

**Alex:** Yes and what you describe, to get the phrase you used, was the kind of 'yes and' the traditional and of what can be done from a more functional point of view I think is a very powerful way to think about it and I think particularly something as acute and severe as a brain tumor one wants to have the best of everything that's available and not drowning in just one perspective.

I know that also you've had your own journey with Hashimoto's, maybe you can just say a bit about how that's also helped to expand your perspective?

**Andrea:** Yeah absolutely. So again when we think about trigger's, when we think about life events in our timeline that lead us to the place we are today, so the signs and symptoms or diagnosis that we're experiencing right now, there are many life events that lead us there and two people have different life events that lead them there and different circumstances and we need to really honour that.

So for me I had the genetic predisposition to autoimmunity, I didn't know it, but my Mum has Hashimoto's, she has Ulcerative Colitis, she also has the genetic propensity for celiac disease, none of that was known to me but I was experiencing things after my husband died that weren't making sense to me and I was on a quest of 'what's going on' because I was taking such good care of myself. I think this is a situation that many patients can relate to, especially when our symptoms are chronic, we can't find the answer and we're looking for the answer in one thing and the answer is actually in many things.

So this was my journey to understanding that I had autoimmune thyroid issues that were impacting me and it manifested in a number of ways, including a very specific kind of fatigue that would hit me at a certain time of the day. But certainly pregnancy is a trigger for autoimmunity, so we have to look at that, and the stress that my body was under during pregnancy was profound. Not just the regular hormonal changes you go through in pregnancy but a whole bunch of added stress on top of that. So that was certainly a journey for me in understanding 'wait a minute, there's a whole lot going on here' and as I grew and understood Hashimoto's more I could see that two, three, five, twenty people could be at that same diagnosis for different reasons, which was very illuminating in my understanding of a functional approach.

**Alex:** It's a great example of how a functional approach views health and medicine through a different lens to a traditional approach. So maybe let's open that up a little bit more and maybe you can outline when we talk about functional medicine, and this may be a relief for people through this conference and they've been 'what is this functional medicine thing', what do we mean by a functional approach?

**Andrea:** Yeah so there are three main tenants of functional medicine and we translate those for functional nutrition and I just want to ground us here because it's very important to understand that functional medicine isn't quackery, it really is just a way we think about the case and any kind of practitioner can apply this thinking once they know how to do it and step into a new paradigm.

So those three main tenants are that the patient and the practitioner are in a therapeutic partnership and my fear when we look at that tenant is that we celebrate the doctor alone, and the doctor should be celebrated, the practitioner should be celebrated for engaging in that therapeutic partnership, but it is the job for us as patients to also show up in the therapeutic partnership. That means that we're in conversation, we're revealing things about ourselves, we're sharing things that we don't think matter to see if they matter and we're taking responsibility for our health outside of our doctor's visits. So tenant number one therapeutic partnership.

Tenant number two is that we look for the root cause and I'm going to put an 's' on that, root causes. I think this idea of the root cause is doing more damage than good because patients are still looking for the fix, there is one thing and if I figure out that condition, that infection, that virus I will be better. In fact there are root causes so I always like to say the roots exist in soil and if we address the soil, the terrain, we actually start to change the health of the roots, which changes the health of every expression in the tree all the way to the leaves.

So therapeutic partnership, root causes are addressed through a multitude of factors and then the third tenant is about systems, we work in systems and that means biological systems, understanding that everything in the body is interrelated. So if we have fatigue we ask why, we don't just address the fatigue, we ask why and we look through all systems in the body as well as history to understand why. And we also look at a systems approach that allows us to apply bio individuality to every single case. One of the reasons allopathic medicine does, what I call the X for Y, is because it's fast and easy. So if we're taking a bio individual approach we still need systems, which I really devoted myself to designing so that practitioners can still work in a bio individual fashion while understanding how to think and work through it quickly so that every case isn't that brand new snowflake. There is, every case is a brand new snowflake, but how do we actually look at it so we can apply systems to the snowflake.

**Alex:** I think it's a really helpful way of kind of outlining you're putting out and I just want to respond particularly on the first tenant you were talking about around responsibility. We have a phrase at The Optimum Health Clinic that is you have to be the captain of the ship of your own recovery and that can be quite a big shift for people that are used to this somewhat kind of parent child relationship in medicine where one goes in and they're kind of bowing down to the all knowing expert whose going to write their magical prescription which they're going to go away and put into action.

It's quite a bit responsibility sometimes and sometimes patients can have their own self worth, self esteem issues like do I have what it takes to take this on and people can have I think distorted expectations they've suddenly got to become a medical genius to do it.

So maybe just talk a little bit about how helpfully people can take on that responsibility in a collaborative way which is achievable?

**Andrea:** Yeah. I think there's also a lot of misinformation out there that is creating this shift for patients where it does feel like their own responsibility, where it does feel like they have to know everything and also we feel like the information we're reading in our Google searches or getting from some expert

is the thing we're supposed to do. I like to slow that down, you will actually never hear me in an interview giving direct recommendations for a supplement or anything of that sort because it is so individual. A lot of people are taking these things on that maybe aren't the right thing for them because they think it will be the fix.

So for me that education, and I want to underscore the word education it should be an empowered education, that a patient is getting that's about their body and themselves. It's not about the protocol, it's not where we want the doctors and practitioners going either, but it's about what's going on in my body, when do I feel that, how do I step out of the fix and into the curiosity. And that's what I'm training both patients and practitioners to do, where's the pause where we actually get curious and gather information?

So for me no recommendation comes without an assessment and after we make recommendations or we take on a recommendation as a patient, we track. What happens, when am I feeling things, does anything feel better or worse, how do I bring that information forward. So I'm all about the trackers for patients without the analysis, get out of the analysis just step into gathering information then you can stand back and with the appropriate practitioner, or if you have the training, you can look at that information and say what can I glean from what I've tracked.

**Alex:** So I'm really, really glad you made that point because one of my greatest, probably my only major fear with this online conference, is that people listen to a bunch of the interviews and they'll piece together a programme, which is lots of conflicting things which actually end up doing more harm than good. We've always been quite careful at The Optimum Health Clinic, we put out of a lot of stuff on our psychology work on the Internet but we're always a bit nervous putting out pieces kind of on the more nutritional side because of that tendency. So I think it's a really important point that you've made.

**Andrea:** Yeah I have a name for it Alex. I call it the 'epigenetics of the online tele-summit'.

**Alex:** (laughs) That's great.

**Andrea:** We're shifting our terrain, we're shifting our bodies by all the things we learn and put together and I would say take notes from everything you learn in this summit and ask somebody, I've learned about this is this appropriate for me. Somebody should be able to explain to you that's a great thing but here's where I would put that in your protocol. We have to be

careful, that like you said the patient is not the doctor, it's hard to self prescribe without having a whole perspective and yet there are things we can do each and every day that help address our symptoms without getting into that therapeutic or medical realm that is part of what a trained practitioner should do.

What are the things we can do, each and every day to support ourselves.

**Alex:** Yep absolutely. Maybe say a bit about the difference between functional medicine and functional nutrition?

**Andrea:** Yeah absolutely. So those tenants that I talked about are true for functional medicine and I've taken them and looked at how do we apply those same tenants to the realm of diet and lifestyle modification? How do we take that understanding of the body and not do what a lot of nutrition does, which is about theory. So a lot of nutrition that we read about, books, online, talks about the theories behind the most popular diets or the most popular techniques, whether it's Ketogenic or Autoimmune Paleo or eating SCD, or whatever it may be, intermittent fasting. People are always asking questions based on the current trend but I like to think of it, diet and lifestyle, as the realm of the heal versus the ideal. All the theories are really interesting but they may not be good for your body, just like we're talking about the supplements, what is right for your body to heal and that takes that process.

So functional nutrition is taking those tenants and applying them to everything we do in diet and lifestyle modification and it all starts with what I call the non-negotiables. Certain non negotiables, just to get specific, if you're not sleeping, you're not pooping and your blood sugar is out of balance it's hard to go into those deeper levels of healing, whether it's an infection or whatever it may be, that's leading to your signs, symptoms or diagnosis, we have to make sure that the soil is ripe and rich for those roots to heal.

**Alex:** Because I think what can sometimes happen is that people hear something on a online conference or summit or they read it in a book, which is a kind of sophisticated way, for example, of detoxing or a some kind of miracle supplement to balance blood sugar, but they're skipping meals and they're not sweating.

**Andrea:** Exactly.

**Alex:** I think what you're saying is really crucial, the importance of getting those fundamentals in place first.

**Andrea:** And that sometimes takes a very deep assessment. I can say are you sleeping and somebody can go 'oh my gosh I wish I could sleep' so we have to

actually even and assess and analyse from that functional perspective what's happening here, are all the factors in place for that person to sleep, are there imbalances that are not allowing that person to sleep, what's happening when they're waking up. All those things still are difficult to assess and make the appropriate recommendations for, we can't just say sleep, because a lot of people aren't and we have to understand why.

So that's the role of functional nutrition, to really look at these lifestyle factors that allow for that 'yes and' approach. If there's an infection protocol that's addressing Epstein Barr virus or Chronic Fatigue, there are people that can't handle those interventions because their body is in such a state of disrepair that they need more of that foundational work to allow the body to receive the intervention and that's the role of a functional nutrition and lifestyle practitioner.

**Alex:** Fantastic, that's a really helpful way of looking at it. Maybe you can say a bit as well about the gap between a kind of more traditional kind of medical intervention, and working with these kind of more diet lifestyle modifications. It's a very different way of approaching health and healing.

**Andrea:** Yeah I think it's a new type of practitioner and a new type of clinician and clinical insight that's missing in our healthcare model and this is where it seems obvious, Alex, but it's a big paradigm shift. I know this because I'm leading that movement, that army of change, and it's always that head scratching of what is this. So I say that it's like a pyramid and if we're talking to a functional or an integrated doctor who understands the need for diet and lifestyle they might be able to see that this person needs to change their diet or they need to sleep, but to them it may be a handout or a book. Then the patient is in the weeds, they're trying to fix everything like we've been talking about, so they're at this base of the pyramid trying to see everything but they can't see the forest, they're in the trees trying to fix every little thing, figure out what the thing is.

We need somebody right in the middle who actually has a clinical mindset but can get into the weeds, can say wait a minute let's slow down, like I said what's happening with sleep, or tell me what do you mean you're pooping OK, or what's happening with your dietary change because it looks like you're skipping meals even though you're eating the diet I recommended. Or oh my gosh you have a history of an eating disorder, this restricted diet is going to be triggering, let me make sure I hold that for you. These changes that we think of as the core basics or basic, are not basic for most of us and it does that both a physiological understanding, a psychological understanding, where you need to refer out, you need a doctor, we need a psychologist, we need an

acupuncturist, we need help here, you need help to bring that understanding but from a clinical vantage point.

So it's not a coach whose just coaching what the doctor says, it's somebody whose saying wait a minute that B Vitamin is causing dizziness, let me look at the dosage, let me see why, what's going on with your liver, and gets into that understanding without causing more harm and confusion, which is where for so many patients who are suffering with chronic conditions are stuck.

**Alex:** Yes and I think that also goes back to the point we were making a bit earlier around it's really, really helpful, that's why I've put together an event like this, it's really helpful for people to be deeply educated about the multi-facets of what might be going on, but then as someone's getting in to actually putting together a programme, wherever possible, working with a practitioner is really helpful.

It kind of brings me onto a question around when you're working as a functional nutritionist what are some of the tools and systems that you use to help find the source of someone's health challenges?

**Andrea:** Yeah it's definitely a process and that process really values many of the assessment tools. So I like to think of it as the art of the practice and I referred to this earlier, we always, ART stands for 'assess', 'recommend' and 'tract. So we have assessment tools, we have ideas of how we work with recommendations that will support somebody and then we track, track, track, which leads back to the assessment and it is a journey, healing is like a heroes journey.

So there are some major tools that we use in each of those areas but the overarching system is what I call the three tires to nutrition mastery and that includes tier 1 the non-negotiables, and I'm going to come back to that, tire 2 deficiency to sufficiency and tier 3 is dismantling the dysfunction. When we talk about functional medicine or that top tier that I was talking about, that top point, often times the doctors are looking to dismantle the dysfunction, what is going on, where as functional nutritionists or functional nutrition and lifestyle coaches or practitioners, we're looking at that tier 1 and tier 2, again the soil not just the roots.

So the non-negotiables are things that we can see like sleep, poop and blood sugar balance but it's really understanding non-negotiables for that individual and non-negotiables for the individual may be I need more fun in my life, or a I need to make sure I do my yoga or get out in the woods, or I need to hand out with friends at least a couple of times a week, or I feel isolated. All of those



things become non-negotiables. For me I need to read and listen to inspirational things not just things that are about medicine all the time and science all the time, I need to be culturally inspired and so I have to make sure I'm listening to podcasts and I'm reading and tuning into the things that fuel and fire me.

Deficiencies can be in many things, that tier 2, so deficiencies can be in nutrients like our B vitamins or our iron that might contribute to fatigue but they can also be in hydrochloric acid, steroid hormones, love, friendship. So we look through this lens that's very holistic and comprehensive about the non-negotiables for the individual and the deficiencies for the individual in addition to acknowledging that we need to dismantle the dysfunction.

So that's the overarching system of the three tiers to nutrition mastery.

**Alex:** I think what's also fascinating, and again while I think often the role of a practitioner can be really important, is that those non-negotiables or those different factors also change and evolve as someone's healing journey unfolds, right/

**Andrea:** 100% yes. I was just remarking this morning that I used to be able to say if I go to sleep between 10pm and 10.30pm I have a good nights sleep, I fall asleep easily, I wake up rested and lately because I've been under a lot of stress and growth with the business and my son leaving for college, there is added stress and I need to bump that back. It's helping to go to bed at 9.30pm or between 9.30pm and 10pm, so what I used to think of as my normal non-negotiable, got to go to sleep between 10pm and 10.30pm, under times of excess stress I need to shift that to support my own body.

**Alex:** It's a great point and it reminds me of one of the things that I've noticed at some point with my body in a similar way around exercise, is when I'm really cranking it at work my body responds much better to going swimming or walking or doing yoga. When I'm in a more chilled kind of measured pace at work it responds much better to going and lifting weights and doing kind of more intensive. So at any level of health and functioning there's that kind of listening to that bodily process. When someone's got you know severe fatigue or chronic fatigue, for example, they may have been very used to certain non-negotiables in the past, that they could stay up till 2 o'clock in the morning and still function fine the next day and I think there's something about really tuning in to what is really true for someone's body at this particular chapter and honoring and listening to that in the recognition that it will change and unfold as it moves forwards.

**Andrea:** Yeah, beautifully said, and this goes back to that therapeutic partnership and that being the captain and taking ownership and that ownership comes from that tracking and listening. I like to think of this as non-violent communication with self, I know that a realm of non-violent communication is listen to your partner, what are they saying, reflect it back, we need to do that with our bodies. What is my body telling me, what is this fatigue telling me, when did it start, when does it happen in the day and how do I listen to it because it's trying to give me a message that will help me figure out where to go to support it.

If we just talk over it or bypass it by continuing to workout hard when that's not what our body needs, or stay up late, then we're not in that non-violent communication with self.

**Alex:** I really like that, the application of that model to oneself, that's really neat. Let's explore a bit more on fatigue. I think this has been a really helpful kind of overview and kind of outline of a functional medicine/functional nutrition approach but fatigue is a common side effect of many other conditions so maybe say a bit about why that's the case and the lens through which you see that?

**Andrea:** Yea absolutely and I'll share my functional nutrition matrix that will show how I map fatigue from top level things to think about and I believe we'll share that in the show notes.

**Alex:** Yeah we'll try and collate that yeah.

**Andrea:** Great. Well we need to look at it through a full body systems approach, again non-negotiables and deficiency to sufficiency for sure, as well as thinking are there dysfunctions here, are there things we can test for that tell us what's going on. Certainly any kind of insult to the body is going to cause fatigue and Alex you know this so well in your research, there's so many different reasons and I would say like you said it's secondary, it's downstream. The fatigue is coming because of something that happened along the way or some things that happened along the way.

So those things could be a car accident, a big stress event, a virus, a bacterial infection, a diagnosis that's chronic, that's not being resolved, and we need to see why and understand that at the same time we need to be looking through are you sleeping, what's happening during your sleep, is your sleep restful, is it serving you, are you eliminating so you don't have a toxic overload and are you able to detox and make sure that things are moving out of your system, through the GI tract as well as through the liver. Then there might be

deficiencies in there, certainly iron deficiencies are going to contribute to, any kind of anemia is going to contribute to fatigue and certain nutrients like our B Vitamins are going to contribute to fatigue and we may even be eating a diet that we think is helpful, like an autoimmune paleo, or a low carb diet that eliminates all the grains but those grains are very replete in B Vitamins and we may need to think about what are my bodies needs for these nutrients.

So I'm looking at it through a full spectrum and it's that process of addressing those non-negotiables, the sleep, the blood sugar, the balances, because those swings can lead to fatigue. How do we see if we address these things what other information we can gather along that journey, what shifts as well as do we need to go deeper or does this terrain, soil, actually fix the issue. So instead of going for the jugular we're looking at everything at the same time in terms of those three tiers and with fatigue there's a number of things I'm going to be thinking about. I'm going to look if it's chronic or acute, I'm going to look if it's secondary and to what, I'm going to look at the inflammatory load, whether we're getting the nutrients we need from the diet and whether we're sleeping, pooping and our blood sugar is balanced.

**Alex:** One of the things I think is fascinating and challenging about using a kind of functional approach is that in a traditional allopathic model if someone, let's say, is a gastroenterologist or an endocrinologist, they have one piece of the body that they look at and they have a very systematized, very binary approach and it's kind of like, that's normal, that's abnormal. There's no kind of range or kind of way of kind of looking at it so part of the challenge of course for a functional practitioner is that they're looking at a lot more pieces in the jigsaw, there's a much more complex picture to pull together, which I know for some allopathic doctors is quite intimidating or overwhelming but it's also part of the excitement of looking at the body through a much more comprehensive way of working. But it is also more challenging and that's where when you were mentioning earlier about the value of having kind of maps and models and ways to fast track some of that process in terms of getting clarity is very important.

**Andrea:** Yes and it takes practice so we can't expect to have this functional understanding, it is a paradigm shift from the model that we have brought into and there's so many things that the allopathic model serves. I in no way want to disparage it, as you said in the beginning my husband and I weren't going to take a solely integrative approach, holistic or alternative approach to his brain tumour, we were taking a 'yes and' approach. We were doing chemo, radiation and he had two neuro surgeries and he was meditating and doing yoga and doing herbs and acupuncture and we changed our diets significantly and there's so many things. We have to think of food and lifestyle as the information for our cells. So everything we do impacts our cells, that's what

epigenetics is, it's everything we do impacting the way our cells function and the cells in the body can be lacking in oxygen or lacking in nutrients that do contribute to fatigue.

**Alex:** I think it's a really important point you make and when people say I'm completely anti traditional medicine I say 'we'll see how that goes when you're lying under a bus and half your body's squashed'. Do you want painkillers, do you want someone that knows how to operate to put things back together, that 'yes and' I think is a great way of thinking about it.

I think one of the other things which is a kind of evolution in understanding from a kind of functional medicine, functional nutrition perspective, is how one views symptoms, because a more traditional approach will tend to see symptoms as something to be gotten rid of, like something to be fixed, and maybe say a bit about how we see symptoms differently from a functional approach?

**Andrea:** Yeah and I want to again pull up or point to that matrix and just say that in the matrix you're looking at three different sections and I call the left side your story and your story as a patient is very important. We spend a lot of time in a process of motivational interviewing, understanding who you are. So when did this happen? What else was happening in your life when this symptoms appeared? So we're really gathering information that helps us make those connections before we make any recommendation.

That central part if what I call the soup of the matrix and that soup is exactly what you were talking about Alex with that area of everything connecting to each other, not being ologies. So there's going to be symptoms that appear in two areas, my Hasimoto's goes in the hormone area in that node, it also goes in the inflammation node and in the GI node. That helps me to see that there are connections that are related to things and every sign or symptom has a place in that soup so that we can start to understand what areas are most crowded, what should I be thinking about first to lead to some resolution, how do I tract and see which symptoms go away because then I understand that they may have been connected to something else that we resolved.

So that skills area, that area of what I do and that's the right side of the matrix, that area has to be related to the story in the soup. If we're trying to do things for ourselves like we were talking about with implementing supplements or protocols without understanding how it works to benefit things and to track those symptoms we're not working functionally and we're not seeing the person as a whole. We're just doing the X for Y, oh I'm tired or I'm not sleeping or I'm not pooping let me take magnesium. There are some

quick fixes we can do but often times we're doing things to work on the symptom alone as opposed to listening and seeing how this symptom is part of the whole picture. So symptoms are important as part of the whole picture.

**Alex:** I think that's one of the temptations, right, when people come to a functional practitioner with a kind of allopathic mindset, it's like well don't give me antidepressants give me St Johns Wart. I just want to have a natural way to treat the symptom as opposed to understanding that symptoms really are, they're messengers, they're communications, they're the bodies way of saying something here needs to be understood.

**Andrea:** Yes listen. They're the bodies way of saying please listen to me, I'm raising my hand, I'm making myself loud and clear you can't get out of bed pay attention to me. So we have to know how to listen to them or bring that forward, ask the right questions and hopefully find the people who are willing to spend that time asking the right questions, especially if you're trying all those things and none of them are working. You know my take away is just spend time on sleep, poop and blood sugar balance and see what shifts and even those again are not easy but that's where we start to shift the whole terrain in which these debilitating symptoms can show up.

(44.36)

**Alex:** I guess one of the other implicit pieces here that we're speaking to is that the human body has a remarkable capacity to heal. It's like we get a cut and as long as we don't get it infected or keep pulling the cut open it will heal. Or we break a leg and it's not that medicine gives us some miracle thing that heals the bone, the miracle is the bone heals itself, right.

**Andrea:** Exactly.

**Alex:** So we have to give it the rest that it needs. We're trying to unleash the bodies own capacity to heal not just do something to it.

**Andrea:** Yes and we have to realise that the body has taken insults that have amassed over time that led us here so the state we're in right now didn't happen over night. It is a tipping point and everything in every arena of thinking has a number of insults it can take before it reaches a tipping point. That concept you're talking about is what, in functional medicine, we call homeodynamics. The body is a homeodynamic system, it wants to thrive and if it's not we have to ask why, what's happening, what's not being addressed and I'm just going to say it again because I think this is where functional medicine can be confusing, it's not one thing it's everything. This is where we

start to take more responsibility for what those everything's could be by just supporting ourselves and not looking for just that one thing that's going to make it all go away.

**Alex:** On that point, we've touched on a number of them, but let's explore a bit more, what are some of the potential root causes of fatigue. So once you've got those kind of basics in place what are some of the pieces that if that hasn't resolved what's happening, what are some of the areas that you would start to dive deeper into?

**Andrea:** Yes. So for us it's going to reveal itself and be more clear for each individual as we look those factors in their lifestyle as well as their history and I am looking at top level serum labs before getting into the fancy functional testing that we all like to do and I think has become very sexy or genetic testing, all these things have become very sexy because they think they're going to lead us to that root. But I like to look at a full serum lab panel to see ferritin levels, to see iron levels, to see vitamin D levels, to see just regular old complete blood count and see how the red blood cells are functioning, the white blood cells are functioning. Start to look at that through a functional lens, so I'm looking at not where is there a pathological disease state, if there is that I'm raising my hand and getting a medical partner involved, but when it's functionally out of range it's like fine tuning the dials so we can get the body to hum and then things start to really resolve. But in particular I am looking at protein absorption and fat intake and the way the body is able to process the iron coming in to the body and those B vitamins and manage its infection load that we have a constant onslaught of things that we're processing through our immune system and through our digestive system and all our detoxification systems.

So I'm looking at all of those factors to see where can there be some fine tuning certainly there's some keys like I keep saying, with the iron and the B vitamins and the immune factors that are going to make me think about fatigue. But I'm looking at the whole all the time, my brain is literally thinking in the matrix because any one thing could be related to the other. So fatigue as a down stream factor makes me look what is everything happening here because there's so many reasons that could lead to fatigue and it could be reasons, not one things.

**Alex:** Which goes back to what you were saying at the start about these three different tenants, right that people need to remember that there may be things out of balance in the digestion, they may be dealing with some kind of co infections, they may have something going on with their thyroid, and yes they're interlinkages and sometimes the sequence and the order with which people approach things can be really important and that's part of what's been

fascinating with the interview so far is that there are different ways of tackling that and obviously different practitioners have their different preferred focuses and kind of ways of looking at things. But it's important, as you say, to remember that it's often more than one thing and getting that clarity is really important.

**Andrea:** Yes. Even when we think about the thyroid or the adrenal hormones, which I know are big targets for fatigue, the baseline of that is blood sugar balance and sleep and nutrient deficiencies. So if there are those deficiencies at play those are going to contribute to that adrenal fatigue and those thyroid imbalances. So we again back it up in functional nutrition to think how do we allow that system to be homeodynamic? How do we allow, I like to think of it

**Alex** as management when we're talking about autoimmunity and that's a dirty word but I've been thinking about and reframing it as coexistence. So how do I coexist with my Hashimoto's, knowing it's there but without allowing it to take over my life. So if we have a condition where is that allowance for these two organisms to exist together without once over taking the other.

**Alex:** I'm mindful we haven't got so much time but before we find out more about how people can find out about you and your work I'd just love to hear a bit about your thoughts on what are some of the biggest mistakes that you see people make? So we've been kind of talking about understanding a functional approach and some of the kind of benefits of that but what are some of the pitfalls or traps that you see people fall into when they're trying to resolve health challenges?

**Andrea:** Yeah and I think we have been talking about it and I just want to thank the listeners for taking on the opportunity to think about this approach. It is a paradigm shift I know you want me to tell you one thing that's going to make everything better and this is a bit of a step back and it does apply to definitely people who are the 20%, that aren't getting better when they tried those over the counter, or recommendations or the diets. For some people, potentially 80%, those tactics will work because they have the principles in them that are those first steps, it's when we're not getting better that we need to step back and embrace that there is a different way to look at things.

So I just want to say that one of the mistakes we make is looking for that one thing, whether it's the quick fix, I like to say that people are pill, practitioner or protocol searching. Where's the one right, if this one didn't do then that one will and again it's either the pill, the protocol or the practitioner and in fact if we develop that therapeutic relationship with somebody who is going to do the work with us and be in that journey, that process, that's where we find the

answers. It's about the relationship not about the X for Y. So the mistakes are many and they often looking for that one thing or taking an X for Y approach as opposed to looking at the entire system and embracing that we are homeodynamic and that everything, everything matters.

**Alex:** Fantastic. Andrea this has been a really important piece of the jigsaw of this conference so thank you. For people that want to find out more about you and your work what's the best way to do that?

**Andrea:** You can visit us at [fxnutrition.com](http://fxnutrition.com) if you're a patient you can let us know there, if you're a practitioner looking for training in these models there will be a place for you to go. So if you go to [fxnutrition.com](http://fxnutrition.com) we'll lead you to what might be of interest to you.

**Alex:** Fantastic. Andrea thank you so much I really appreciate your time and your insight today.

**Andrea:** Thank you so much.