Conscious Life presents

Decoding Hormonal Health

Guest: Andrea Nakayama

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:09] Dr Anu Arasu

Hi, everybody. I'm Dr Anu, co-host of the Hormone Super Conference. Today I'm joined by Andrea Nakayama.

Andrea is the host of the *15-Minute Matrix* podcast, and she's also the founder of the Functional Nutrition Alliance, where she's leading thousands of practitioners forward in the health revolution. Welcome, Andrea.

Andrea Nakayama

Thank you, Dr Anu. I'm so excited to be here with you.

Dr Anu Arasu

We're so excited to have you. You have a very unique and interesting overview of how to approach a problem. It's a bit of a whole-systems approach, I would say. Tell us about your matrix and how you approach hormone balances from that perspective.

Andrea Nakayama

There is a lot to dive in there. I'm a systems thinker, and I bring the systems thinking to healthcare and train other providers to do that. I think we tend to get very myopic in our clinical work, and as patients, we also then, and therefore tend to get myopic.

We think about the sign, the symptom or the diagnosis, instead of thinking about the terrain in which that sign, or symptom, or diagnosis has manifested and is taking place. I'm just going to talk about the systems for a second. Feel free to interrupt me, and then we can get back to how I think about hormones in that system.

When I'm helping patients to understand what I'm talking about here, we identify the difference between the branches, the roots, and the soil. I like to help patients understand that any sign, symptom or diagnosis that they're experiencing is a branch.

[00:01:51]

If we were to encounter a tree in the middle of the field and we approach this tree and we're just blown away by the magnificence of this tree. As we get closer, we realize that some of the branches are turning, some of the leaves are turning, and we want to think about what to do. We can consider, do I get a ladder and pick off the leaves that I don't want to look at, do I get a ladder and a saw and saw off the branches?

We realize very quickly, no, that's not going to get us to a long-term resolution. It might actually enable me not to have to see the problem for a moment, but it might show up elsewhere. So I need to go deeper to the roots, and I need to go wider still to the place that the roots live, and that's the soil.

So one of my systems that I introduce to patients, and to the clinicians I teach is called Three Roots, Many Branches. So the many branches, if you just stop for a moment, whether it's menopause or infertility, or PMS or PCOS or endometriosis, those are branches.

The three roots with any chronic health situation... And by chronic, I mean it's not getting better, no matter what you try, which is my specialty. Those three roots are always our genes, our digestion and our inflammation.All three roots are going to be activated in some way when we have chronic signs, symptoms or diagnoses. Those are the roots, but we can't just snap our fingers and change those roots.

For me, in my diagram, and we can envision a Venn diagram with three circles: genes, digestion, inflammation. There's a circle of influence around each of those roots. And that circle of influence is the soil, but it's also the place where we have, as patients, have the opportunity to influence the expression of that root. So around the root of the genes, we have the food, movement, environment and mindset, and those are our circles of influence. There's so much we can do in each of those things.

It's not about doing it perfectly, or in relation to some theory outside of us. It's about getting playful and being able to explore, "What does that mean for me?" As an example, around the food piece, that's part of the circle of influence of our genes, we have its own circle of influence, which I would say is quality, quantity, diversity and timing.

It could be that we can't focus on all of those things at the same time, but it allows us to say, "Let me just focus on diversity. How about I think about the colors in the rainbow and which colors am I getting today from natural sources?" And "How do I get playful around this?" Instead of going on a diet, which doesn't support our long term health goals, sustainable health goals, or I should say our hormones, which we should get back to.

Dr Anu Arasu

That's such a helpful way of looking at it, because I think so many of us can start to feel a bit stuck where we feel like we've tried everything. But just hearing you say it again in that way, I get this sense of so many other possibilities opening up.

[00:05:35] Andrea Nakayama

Exactly.

Dr Anu Arasu

Just by framing it, you open many possibilities. How might that look for somebody with a hormone imbalance?

Andrea Nakayama

That's one of my systems, the Three Roots, Many Branches. And I do like to remind people that there is often so much that we could start to break down and do like you're saying. I like to joke that it's the simplicity on the other side of complexity. I understand all the physiological functions, and yet sometimes we bypass some of the simple things we can be doing that help us.

As an example, sleep is something that impacts our microbiome. It's one of what I call the non-negotiable trifecta, sleep, poop, blood sugar balance. All of those things in my non-negotiables are going to impact our hormones. If I talk about sleep, sleep is our number one way to detoxify every single day. It's critical for us to help manage our blood sugar, our adrenal function, support our hormone production, our growth hormone, related to our other hormones, and support our thyroid. We have to think about sleep.

And sleep is not a command. It is something to, again, get very curious about. Where is there opportunity? What is happening? If I have issues with my sleep, what is happening? Am I falling asleep okay? What time am I going to sleep? Do I wake up in the middle of the night? Get curious instead of getting prescriptive, "Oh no, I don't sleep. I need melatonin". Get curious, what's actually happening and where is there opportunity within there to shift the dial? Sleep, poop, blood sugar balance.

Let me just go back to the branch of hormones and let's say, for instance, that we're talking about menopause. Let's say we're talking about menopause. Menopause is a change that is natural, that's going to happen. It's not menopause that we're looking to shift, it's the symptoms that we experience with menopause.

I'm 57 years old. I've been through... I'm post menopausal. I was able to get through that perimenopausal stage without a lot of signs and symptoms. And that's because I'm focused on those roots. The genes, digestion and inflammation, because I'm focused on sleep, poop and blood sugar balance.

So I'm able to manage the symptoms, which is our goal, as opposed to saying, "I'm going to stop..." We're not going to stop menopause. It's not going to stop. I'm not performing the functions internally any longer, that my body was performing at 27 years old.

However, how do I take that opportunity to have an experience that is the next phase of life? I think there's a shift in our thinking, our mindset around what menopause is, and what we're trying to manage. We're not managing our menopause, we're managing the symptoms around our menopause. And we still come back to those baseline functions that help us to be in our best selves. That's what helps us to manage those symptoms.

[00:09:02] Dr Anu Arasu

Bearing all of that in mind, what's your take on hormones then? Hormone therapy or the need for hormonal intervention?

Andrea Nakayama

Well, I'm a 'Yes, And' I leave the area of the prescriptions to an expert like yourself. But what I'm helping people to understand is what's actually going on in their body. The way I'm looking at hormone testing is not through the lens of quote/unquote 'replacement therapy'. There are some hormones we can replace, there's others that are going to shift with menopause that we can't replace.

I look at it through what's actually happening with your metabolization of the hormones and your balance of the hormones. And then I'm working with that area, as a functional medicine nutritionist, while somebody's working with somebody like yourself on bringing in bioidenticals. I also highly recommend that people start very low and go slowly because I see too many people, including myself, having tried hormones, not liking our results, and then backpedaling from there.

I think when we start low, when we don't bring in too much at once. So there are some hormones, of course, we want to bring in together, like progesterone and estrogen, so we can create a balance there. And again, I leave that to you. But I am looking at how we look at the balance, how your body does with something where it might need a little bit more, where we want to continue to fine tune, to find what's true for you and your body.

Dr Anu Arasu

I love that approach of the soil because, of course, it's going to be a moving target, isn't it? It's going to be a case that people's soil can change so much and that can change what they need.

Can you tell us a bit more about that and your experience of how this model works for people in real life?

Andrea Nakayama

It really is bringing us into a bit of the pause. I took us into the Three Roots, Many Branches, and that way of thinking about, "Wait a minute, my signs, my symptoms, my diagnoses, these are branches". As a clinician, I use a tool called the Functional Nutrition Matrix. It's based off of the Functional Medicine Matrix that was established by the Institute for Functional Medicine. I've adapted that, with their permission, for use by functional nutrition counselors and as a tool where patients can see more clearly what's going on for themselves.

I like to think of that tool as a piece of qualitative research. It's where we've taken our deep intake and our timelining that we do in functional practices, our understanding of the whole person. And we start to map it into areas that I've divided into what I call the story, the soup, and the skill.

[00:12:12]

Your story is what's true for you. In functional medicine, we call those the antecedents, the triggers, and the mediators, the ATMs. That tells me what you come into this world with, what's happened throughout your lifespan, what do you know helps you feel better or makes you feel worse? Anchoring on that reality helps me, as a clinician, to see you more clearly, not just as your branches, but as the you that you are.

I was telling you, Dr Anu, that I'm a student of narrative medicine. That story, not the story we tell ourselves, but the story of who we are and what brought us here, is very critical to what is going to work for us as we go through different treatments or recommendations or work with different providers. So there's the story, and I'll likely come back to that.

The soup is where we start to understand all the systems biology. It breaks it down into different categories. Our gastrointestinal health, our immune and inflammatory imbalance, our hormones, our detoxification. But in that soup, I'm seeing that it's all interconnected. This is systems biology. Your brain doesn't exist without your gut, and your hormones don't exist without your liver, which doesn't exist without your gut or your environmental inputs, I'm seeing the whole in that soup.

Your skills are the things that you're doing today. And the categories there are sleep and relaxation, exercise and movement, nutrition and hydration, stress and resilience, relationships and networks.

I'm starting to see the picture of you. And when we step back and step out of target practice, which is a lot of what medicine can be doing these days, we take that necessary pause to see the whole, as opposed to trying to fix something. Because the truth is, we are not broken. We wouldn't be having these conversations, we wouldn't be listening right now if we were broken. We are more functional than we are not.

I want to see the picture of who everybody is, help people see that picture of themselves so they can understand the reality. What I like to think of as the 'Oh, me', it's a little cliché, rather than the 'Why me?' Because when we're not feeling good, we tend to go into 'Why me?' thinking, when we can see the picture of what brought us here, we have a better sense of, "Oh, my gosh, that's totally me. That's what got me here, that makes sense", and that brings us into a different relationship with our health and healing journey.

Dr Anu Arasu

The story piece is so powerful, isn't it? Because it's something that patients can bring. I know before, when I've read your work online, you've mentioned medical gaslighting. And what I felt when you were just talking then was the absolute opposite of that kind of intimacy. The idea of someone actually being able to say, "This is who I am", and having that received.

Andrea Nakayama

Yes. I always like to say there are two experts in the room. In a clinical situation, we as clinicians may be the expert in bioidentical hormones or functional nutrition, but only a patient can be an expert in themselves. It's my job to make room for that other expertise and hold space for that so that I can see more clearly where I need to go and why. I'm not saying, "Oh, you have diabetes, go

on a ketogenic diet and start intermittent fasting" without knowing, wait, you've tried that or you have a history of disordered eating. All of that is in violation of the individual, which is its own form of gaslighting.

[00:16:25] Dr Anu Arasu

How much does this change the management? Actually, how much does all of this affect the outcomes? Because I imagine that what you've just said, it can take a very different course depending on who that individual is in front of you.

Andrea Nakayama

Yes, I really do think that what I'm talking about is the kind of care for somebody who is either highly self motivated, or is sick and not getting better. Because when we are the 80% for whom the tactics of care work, we don't need to think about our health care too much. We just go, we get the band-aid, we walk away.

I find that it's usually the people who, by the way, when we hit later years of life and hit menopause, that 80/20 shifts, in my opinion, where the 80% who are usually doing fine with standards of care become the 20% and we are a larger population who are like, "What is going on? Why is this not working?"

It is a very different way of self-care. I think it's really interesting that as committed as we are, culturally, to individualization, that we're so ready to give our health away to population health answers. And by that, I mean we live in an age where we want to choose our own hairstyle, our own clothes, there's half-size bras, there's jeans that fit every size and shape, our beds can be adjusted on either side for ourselves and our partner, not just in softness and hardness, but in heat and cooling. We live in an age of so much individualization, and yet when it comes to health care, we still, for some reason, want the thing that's just going to make it all, we want the quick fix.

Dr Anu Arasu

Yeah. I guess there could be so much fear, can't there? This desire to hand over power. Certainly it is a partnership, and as you said, there are different parts, and the soup, perhaps, is where the practitioner needs to, they can deal with that stuff. They can go into the biochemistry, but the story is so important. How important do you think it is, particularly for hormones? I mean, what kind of things do you see with hormone balances and patient stories?

Andrea Nakayama

Yeah, that's a really good question. I was thinking as we were talking, Dr Anu, that for me and my own story, if I use that as an example for hormones, I can look back at my own journey and when did I get my period? What was my period like? This starts to get into our story, right? For hormones, we're looking at what is my story of my hormones, what was happening for me at that time in my life.

[00:19:32]

For my personal journey, when I was pregnant, which is a huge time of hormonal shift. If we think about prenatal times of hormones, we think of premenstrual times of hormones, we think of pregnancy, and perimenopause and postmenopause, all those P's in the hormone story.

During pregnancy, which is a time of significant hormonal shift, my late husband was diagnosed with a brain tumor. Seven weeks pregnant, huge diagnosis to deal with in our family. My hormones are already going through a tremendous amount of change, and then I'm under a lot of stress, and I can talk about my hormone hierarchy and where that falls in there. But that is a big trigger in my life.

His diagnosis, his illness and the whole treatment, and his death when our son was 19 months old. So a two and a half year period where hormones are already shifting, and then mine are going through a tremendous amount of stress on top of the normal stressors of pregnancy.

So that becomes part of my story. I don't want a practitioner to have biases around that, to make assumptions about what that means, but I do want to be able to bring that forward as a key piece of my story, for all my health journey. I have Hashimoto's, pregnancy is a trigger for autoimmunity. Pregnancy under those circumstances, with my genes, no surprise that I ended up with a diagnosis that I have to manage. But for me, that's a good example of how I wouldn't want to address my hormones at this stage without that knowledge of what I've been through.

Dr Anu Arasu

Yeah, it's very strong. One of the things that just came to me, as you were saying, was how many more conditions women particularly are susceptible to, that are linked with emotions, whether that also be cardiovascular disease.

Andrea Nakayama

Exactly.

Dr Anu Arasu

Broken heart syndrome that we only see the majority of in women. And certainly autoimmune conditions can be more prevalent as well.

In that case, what would you advise to people listening out there? How can they start thinking about this way?

Andrea Nakayama

One thing I do like to invite people to do, around their hormones in particular, is to timeline their story. When did you get your period? What was that like for you? What was that experience like? Was it welcome? How was it received by your family? Start to tell your story.

If I were to give you the prompt of 'What is your hormone story?' Start from the beginning, what is your beginning? And what does that look like for you? There might be traumas that are woven in

there. It might be a hard story to tell. But before you go to somebody to talk about your hormones, know your hormone story so that you're bringing that self to the conversation that's going to be therapeutic, so that they're not just treating the sign, the symptom, or the diagnosis, the branch. But they understand the soil, because it'll give someone like you, or myself, more insight to hold space for that reality.

[00:23:15]

That's one thing I would say in terms of where do we begin thinking in this way? Acknowledge your story. You're the only one who can acknowledge it. We can't ask our providers to do that for us, even the perfect provider that we've waited two years to see because of their reputation, we still need to show up with the information that only we know.

The other piece that I want to bring forward when it comes to hormones, and this is likely nothing new for you, but I do like to remind patients that there is a hierarchy of hormones. At the base of that pyramid is blood sugar balance. And remember I said sleep, poop, blood sugar balance. Poop is going to be an important point for hormones, too.

But how do we think about blood sugar balance as the thing that we actually have the most influence over? If I look at my pyramid, it's going to go: blood sugar, insulin, cortisol, thyroid, and then our sex hormones. When it comes to menopause and bioidenticals, we're often trying to address those sex hormones.

We can address those sex hormones at home by ourselves before we get any therapies, by starting to look at what is my blood sugar balance? And when I say, what is my blood sugar balance, I'm going to make that easy too. One of my core principles around food is to always eat fat, fiber and protein. Every single meal or snack. Fat, fiber, protein, that's the way we start to play with how can I bring some balance in my life? And working with hormones is all about balance.

So just starting to get curious, am I eating fat, fiber, protein at every meal? Do I know what fat, fiber, protein is? What fats are good, what fats are bad? What does this mean for me? That's where we start to play. That's where we can be the best agents of change for ourselves, as patients, trying to, quote/unquote, "manage our hormones".

Dr Anu Arasu

Can you give us a quick overview of what that might look like, the food aspect and a few other core principles that people can implement right away?

Andrea Nakayama

The fat, fiber, protein, again, I'm not looking at quantities, I'm just reminding people, if you're having a smoothie and you have your greens, and your almond milk, and your banana, whatever it is, how do you say, "Where can I add more fat? Where can I add more fiber? Where can I add more protein?" Each thing, just start playing with that in each meal, each snack, does this have those things?

[00:26:05]

My second primary principle around food. So fat, fiber, protein. Eat the rainbow. So again, get super playful. What colors am I getting today? Because when you do that, you're going to get that fiber that you need. The fiber gets filled by knowing where my foods come... What colors am I eating? You start to notice if you get playful with it. If you have kids, it's a great way to get the markers out, just get really playful. You start to realize which colors you don't get much of, which is really interesting, and again, easy and playful.

My third principle around food is to know your 'Yes, No, Maybe' list. And in functional medicine in the story, these are what we call mediators. If you have foods that you know, these make me feel great. Those are your Yes foods. If you have foods that you're like, "I always get bloated, I have a headache when I eat" those are your No foods. And if you're not sure, like, sometimes I drink wine and it's fine. Sometimes I don't, put those on your Maybe list.

Once you start to bring that list forward to people who are helping you, again, you're giving people that are there to support you information. It's not about always including, always excluding. It's just about starting to collect some personal data. We tend to rely very heavily on test data, on scale data, but I believe that we each have a lot of data that can influence our care and the recommendations that we receive. The more we know about our mediators, what works for you, what makes you feel better, what makes you feel worse, the more empowered we are when we don't know any of those things, that's when we're putting it in somebody's hands.

For me to say I pretty much sailed through perimenopause, it's because I know my mediators, I know my Yes's, I know my No's, I know my Maybe's.

It doesn't mean there weren't symptoms, but I usually could identify what I was doing that was making symptoms better or worse. And then I'm in a risk reward relationship with myself. I'm not saying, "Hey, Doc, make this go away", I'm noting, you know what, when I go to sleep at 10:30, I have more hot flashes. When I have a really stressful day, I have more hot flashes.

How do I then adhere to my bedtime, because it's worth it to me because I'll sleep better and I don't have hot flashes. Mitigate the stress because the stress is there, I can't make the stress go away, but I can work on my techniques to mitigate the stresses. So I start to have an empowered relationship with my hormones and the changes instead of giving it all away.

Dr Anu Arasu

There's actually quite a lot of homework that we can all be doing, which is great. I completely agree.

Earlier you mentioned antecedents, triggers, and mediators. Could you just give an example of each one of those so that people listening can think about the kind of categories that they might be collecting data on?

Andrea Nakayama

I love that. And I have been thinking about those as categories. The theme is the story. The categories are the antecedents, triggers, and mediators. And the codes are what are true for you.

[00:29:45]

If I'm to talk about what's true for me in antecedents, I'm going to talk about my mom's menopause history, her history with Hashimoto's, and my maternal grandfather's thyroid disorder. All of those things, the antecedents are what we come into the world with. It might be how we were born. Born cesarean not I delivered cesarean, which I didn't, but how was I born? Was I breastfed? Those kinds of things are our antecedents, the things we kind of come into the world with. It could also be any genes that you know, or genomics that you know are true for you. Those are our antecedents.

Our triggers are the things that happened throughout our lifespan. For me, that might be childhood infections and antibiotics, that would be my husband's diagnosis and death, that would be stressful work environment. Those things are my triggers throughout my lifespan. If somebody has experienced any adverse childhood or adult experience, any significant point of trauma, those become what we put in the triggers category, that have and do affect our health outcomes. We don't want to ignore that.

So, antecedents, I came into the world with this, nothing that happened to me in my lifespan. Triggers, this is my lifespan. Food poisoning, bitten by a tick, got Epstein-Barr virus, strep, those are triggers throughout our life. They're not the health conditions, but the life situations around the health condition.

And then the mediators are those things that make us feel better or make us feel worse. For me, that would be going to sleep by 10PM, not eating refined sugar, I don't drink. It's the things, the choices that I'm making that I know are the things that help me feel better or make me feel worse. And again, I may know that eating peanuts makes me feel worse, I'm just making that up, but that doesn't mean I don't eat peanuts on occasion. It means that I'm aware of the risk/reward that I'm in, at that moment, and why I'm making that decision. I'm not obsessing, I'm not looking for perfection, I'm looking for self awareness.

Dr Anu Arasu

This is such a great introduction to personalized medicine because some of the mediators are going to be common for many people. Gluten may upset a number of people, but certainly that's going to be more common if someone has certain antecedents.

Andrea Nakayama

Exactly.

Dr Anu Arasu

That's an amazing way for people, I think, a nice way for people to begin to see into the world of personalized medicine.

You mentioned testing before. What is your view on the importance of testing?

[00:33:01] Andrea Nakayama

I know there's a lot of 'Test, Don't Guess' information out there. And while I do believe in always testing before we bring interventions that are targeting something like bioidenticals for hormones. I often think that we do testing too soon and too often, because as clinicians, we should only do testing when we need more information.

From my scope of practice, I don't need to test somebody's hormones who has hypoglycemia, and they're not sleeping, and they're not pooping to be able to detoxify the hormones they don't need. There's no reason at that point because I don't need more information, or more data to do the work I can do. That said, if I am making a more targeted intervention, that's where I want and need testing. For me, it's a matter of when we do testing, and what kind of testing we do.

As a functional medicine nutritionist, my favorite testing are serum labs, because there's gross information about the soil that I can get that helps me to make the decisions I need to make. If I'm looking at hormone testing, serum testing for me and my scope of practice doesn't give me what I need because it's more about interventions that are out of my scope.

DUTCH testing, both urinary and salivary testing, does give me more information because it's talking to me about relationships. And even better, if I'm looking at a urinary, like a DUTCH test, it gives me metabolic information, and that's where I have the most influence with the data that I'm getting in my scope, without pretending to be you, Dr Anu, which I'm not looking... I'm saying that we're filling a gap in healthcare, as you are doing, in your way. But it's the 'Yes, And', it's not me trying to say that diet and lifestyle modification can do the work you do. It's me saying diet and lifestyle modification helps the work you do.

I'm looking at it through a different lens that I wish more people were able to receive and have looked at for themselves, because it makes a big difference.

Dr Anu Arasu

That's a great way. So many of us can get quite hung up on not just the soup, but as you were saying, that myopic looking at, "Is this the right test or should I be doing this test?" And from what you're saying, first of all, it's collecting all of this rich data and bringing it. And then when you go to a practitioner, there may be differences depending on their interventions, many tests may be appropriate.

But we don't need to get so hung up on, one test is going to be the be-all and end-all, or this is the only test that I should do. It really is about just trying to gather all of this information from different places.

Andrea Nakayama

Exactly. A lot of that very targeted testing can and will change when we do the other groundwork. I call it tier one, tier two, tier three. When we're looking for that one singular myopic point, that is tier three work that's just going for the sign, the symptom, or the diagnosis. What I focus on and try to train people to focus on, although it is a big mindset shift, because we all want to go to tier three, is what's tier one, and tier two.

[00:36:42]

Tier one are the non-negotiables. Start with sleep, poop, blood sugar balance, but we all have our own non-negotiables. And tier two are deficiencies to sufficiency, and on the other side of that is toxicity. So that's a scale where it might be. Yes, a deficiency in hydrochloric acid. It might be a deficiency in vitamin D. It might be a deficiency in progesterone or testosterone. But it can also be a deficiency in love, or joy, or fiber, or sleep.

It's really broadening. How do we look at the whole picture so that we're taking that quantitative data that we get from a test and looking at it in the context of the more qualitative picture, and to all of us as patients, we have the qualitative data and we can collect the qualitative data to bring to the case.

Dr Anu Arasu

As you said earlier, there might be times in our life when tier three, diagnosis, treatment, the band-aid is all we need. We can get away with that, that's fine. And then there might be later-on times where we just can't quite get away with it, or we just need to have a deeper dive so everything has its place. And that's so much what I've got from today.

Andrea, where can people find out more about your work?

Andrea Nakayama

Thank you. People can always head over to www.AndreaNakayama.com. That leads you to the Functional Nutrition Alliance, the company I founded, where I train practitioners, leads you to my podcast, to any of my updated writing. So www.AndreaNakayama.com is where you can find everything.

Dr Anu Arasu

Thank you. And any last messages for our listeners out there before we let you go?

Andrea Nakayama

I think just remembering it's the 'Yes, And'. When you were just saying there's time for the band-aid, I was thinking about my late husband. He had a brain tumor. So he's diagnosed with a brain tumor at the age of 31. And my job was not to address his brain tumor.

My job, it wasn't my job at the time. This is prior to my career change. But my recognition was that there was a lot we could do to not only influence the outcome of the brain tumor, he was given six months to live, lived two and a half years, but wasn't just shifting the outcome of the brain tumor, it was mitigating the insult of the treatment.

And that's where we stepped into our opportunity to not feel like we were hopeless, that there's a lot that we can do when we say yes to interventions that are medical in nature. And what do I get to do, each and every day, all day long that helps me to receive that treatment and to do better with that treatment. That's the message I just want to share with everybody. It is a 'Yes, And' and take your power back, it's yours to have.

[00:39:45] Dr Anu Arasu

It's quite a path you've walked. Thank you so much for coming here and helping all of us so profoundly.

Andrea Nakayama

Thank you.