

## Sleep sufficiency through a functional nutrition lens

**Guest: Andrea Nakayama**

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### **[00:00:10] Alex Howard**

Welcome everyone, to this interview where I'm super excited to be talking with my friend Andrea Nakayama, and we're going to be talking about working with a functional nutrition approach for addressing sleep issues.

We'll talk about the difference between pathological sleep issues and functional sleep issues. We'll look at the functional nutrition matrix. We'll also explore the role of genes and particularly epigenetics in sleep issues.

To give you a little bit of Andrea's background, Andrea Nakayama is an internationally known functional medicine nutritionist, educator and speaker who is leading a movement to transform the health industry into a system that works, empowering patients and practitioners alike with the system and tools of functional nutrition.

Andrea is celebrated as a leader in the field of functional nutrition because of her unique ability to teach and inspire patients and practitioners alike. Andrea synthesizes art and science, empathy and physiology, intuition and problem solving into a system that truly helps people get to the root cause of their illness, create a path towards wellness, and find their way back to life.

So Andrea, it's always a pleasure to spend time together. Thank you so much for joining me for this interview.

### **Andrea Nakayama**

Thank you for having me, Alex. It's always fun to be in conversation with you.

### **Alex Howard**

So I think a good starting point is why sleep is so important as a modality, particularly when people are on healing journeys from chronic illnesses, why is sleep so important there?

### **Andrea Nakayama**

Yeah, it's such a huge topic and I'm so glad we get to dive into it. And at the outset, I just want to say sleep is important for our restoration and our resilience, and those are two things that we can dive into, for sure. And from a functional nutrition perspective, I always like to say there are nonnegotiables

and we'll talk more about nonnegotiables, but what I like to think of as the nonnegotiable trifecta for any healing state is sleep, poop and blood sugar balance.

**[00:02:30]**

And it's not because of the basics of those things, it's because of the complexities that they offer or inform us about our long term health outcomes. So I like to kind of think of it as the simplicity on the other side of complexity. We can say sleep, everybody needs to sleep. Hydration, everybody needs to hydrate. But when we actually understand the physiology and the biochemistry, it becomes a modality on the other side of that simplicity that we don't want to pay attention to.

We get seduced by the complexities of the interventions. And sometimes what we're going to need, or I would say always, is what we're going to need is to re-engage some of those simple practices that will support whatever else we're doing.

So again, we were talking about why it is important. Restoration and resilience. And we could think about that from a complex perspective through the lens of energy production, neuronal support, immune modulation and biotransformation boosting. And sleep is critical for each of those areas of physiological function and healing.

### **Alex Howard**

Because I think one of the tendencies that people can have when they go and see practitioners is they want to do complex investigations and they want to have the very latest supplements and supplement protocols. And as you say, they can often negate the importance of fundamentals like food, nervous system stress, but also in this instance, particularly sleep.

### **Andrea Nakayama**

Absolutely. And recognizing what's in our circle of influence, as I like to call it, versus what we need help with. And I think when we're stuck, when we're not feeling well, when we're seeking answers, we're in that sympathetic state that you speak so well about, Alex, that is forcing us forward and outside of our body.

And sleep is one of the modalities that's not only going to help healing, but it's going to bring us back into that parasympathetic state that allows for healing to occur, not just as a simple thing, like I'm saying, but it actually impacts our immune system, it impacts our microbiome, it impacts our nervous system, it impacts our energy production. And understanding that it's that important, I think puts some of the power back in our hands.

### **Alex Howard**

I think that's so important. And also I wanted to open up something that you shared in your notes beforehand around that a lot of the conversation with sleep is around those more pathological, obvious, dramatic sleep challenges. But of course, within the context of functional medicine, we talk about functional differences.

So can you maybe say a bit about the difference between pathological issues or differences and functional and why that distinction is so important?

**[00:05:29] Andrea Nakayama**

Yeah, I think when we're thinking about sleep, and again, as patients, we get into this realm of thinking about what is the disorder, what can I name this, how can I label this? Whether it's related to sleep or anything, we're looking for that diagnosis. And a diagnosis is a pathological condition. It receives a pathology, a diagnosis from our medical system.

However, in a functional practice, particularly a functional nutrition practice, if practiced correctly, is more about the terrain. It's more about looking at all the factors that lead to that tipping point that receives the diagnosis. So we tend not to, in our current medical system, look at the terrain. We're only anchoring on that pathology. So if it's labeled sleep apnea or it's diagnosed as insomnia, then it's going to get attention.

But what happens in all the time before something receives a diagnosis, or if it never requires a diagnosis, but it's still challenging us? That's where we come back to what I call the roots versus the branches. The diagnosis is a branch and the roots are always where we can reground ourselves and think about, where do I have influence?

And because sleep is implicated in so many different health challenges, we have to think through a more preventative lens and again, a more functional lens. And I always like to remind people there are tenants to a functional practice. But functional means it works and it works for you. And so optimizing some of these areas helps us to change our health outcomes that may or may not receive a diagnosis just by focusing on our area of influence.

**Alex Howard**

And just to bring that to life a little bit more, maybe you could give an example of a functional imbalance that could then impact upon either the ability to sleep or quality of sleep or be able to stay asleep.

**Andrea Nakayama**

Yeah, these are imbalances that may be in certain nutrients. So we may have imbalances and nutrients that are related to sleep, like vitamin D, which actually supports the circadian clock genes, which I know you've spoken about, and vitamin E and vitamin C and the B vitamins, particularly vitamin B6 and B12, GABA, melatonin, magnesium, these nutrient deficiencies, and I'm not advocating that people go out there and take supplements.

These are things that we could be getting through our food unless we are working with somebody who helps us understand that there is a deficiency. But deficiencies in these nutrients can impact our sleep and sleep can impact those nutrients and our absorption of those nutrients.

Blood sugar imbalances. So again, I said sleep poop and blood sugar imbalances are our nonnegotiable trifecta. Blood sugar imbalances can disrupt our sleep. So they can have us going into hypoglycemic states that wake us up, that make us feel like we have to go pee when actually we're moving out of homeostasis.

Certainly adrenal imbalances and I think when we look at adrenals, we tend to focus on Cortisol and Cortisol imbalances and we look for the testing around our Cortisol. But we also, as you know, Alex has to think about the Adrenal Medulla complex and where we're producing norepinephrine and

epinephrine. And in that sympathetic state that is actually impacting our blood sugar, everything is connected physiologically.

**[00:09:20]**

And then certainly inflammatory states will impact our sleep. So there's an immune or a sleep immune crosstalk that's been known about for some time in the literature and we need to understand that conversation that's happening. So if we're in an inflamed state, that's going to impact our sleep. If we're not sleeping, that's going to impact our inflammation.

Inflammation is one of our roots that's leading to those branches. So again, how do we come back to what we actually have some influence over? So I hope that answered your question, Alex, but it's like these things can lead to the sleep imbalances.

### **Alex Howard**

And I think part of what you're pointing to is, in a sense, the vicious circles that we can get into where we can have something which maybe on a standard set of GP blood work may be within their reference range, but actually functionally it's out of balance which is impacting something else and something else.

And then there's a ripple impact to sleep where it's really important to be able to use that functional lens to be able to see how those impacts are playing out.

### **Andrea Nakayama**

Yeah, and for us as patients, too. So I'm going to talk here as a patient as well as a practitioner. For us as patients to understand that distinction, because I think we're giving a lot of our power and agency away when we're in that quest for answers versus recognizing that maybe the thinking that's predominant, that pathological thinking, has left us without any of that agency.

And we then have then a more difficult time being advocates for ourselves. Like you and I were talking about, we're practitioners and patients, but being able to show up at your practitioner and knowing as a partner, this works for me, this doesn't work for me, this is where I'm struggling, this is where I'm supporting myself. We've lost that in our culture. And to me, that's the really important message of coming back to our agency.

And that distinction, Alex, between the pathological and the functional. This for me is a really key point in the work that I do and what I try to train practitioners is that we're over indexing on a lot of the fancy testing to try to find answers, when if we were able to bring a functional perspective to regular old serum labs, we can create a more solid foundation for all the healing that needs to occur.

That in conjunction with the influence that we have over some of those nonnegotiables. And I just want to say one thing that when I talk about simplicity on the other side of complexity, I also like to tell patients that what I'm talking about is simple. Sleep, poop, blood sugar balance, but it's not easy. And there's a difference between the two. So when we say sleep, it feels basic. It doesn't mean that achieving your best sleep is an easy thing to do. And we have to put time and effort into the practices to see what works for us and what doesn't.

**[00:12:35] Alex Howard**

Yes. One of the distinctions that I like to make is between the diagnostic element and the intervention side. And sometimes we can get a pretty clear diagnosis relatively quickly of what the imbalances are or what's going on, and sometimes that leads to a relatively straightforward intervention, and other times it's more challenging.

**Andrea Nakayama**

Yes. And oftentimes it's challenging to the detriment of the basic work that needs to be done. And so we are building on quicksand. And this is where I've seen some of the most brilliant practitioners refer people back to us in our clinic because they recognize this person can't even tolerate this fancy intervention at the rate we're doing it.

Because their system is completely haywire from lack of sleep, from inability to regulate digestion, and from other factors, lack of nutrients, basically, that aren't allowing them to even tolerate some of the complicated healing protocols.

**Alex Howard**

So I want to, at this point, Andrea, open up the role of epigenetics in sleep. And maybe before we do that, maybe just for those that aren't familiar with what we mean by epigenetics, maybe you just speak to that and then we can explore a bit further.

**Andrea Nakayama**

Yeah, I love the conversation of epigenetics, as you know, and I always like to say that there are areas of science that are pointing us to all the things we're talking about today. Epigenetics, precision medicine, which is about a personalized approach, and omics where we understand that everything is connected in the body.

So the epigenetics helps us to understand that diet and lifestyle factors impact our genes. So there's more information that the human genome didn't do what we thought it would do in that it didn't give us answers to health and healing protocols. Just because somebody has a gene or a SNP, a single nucleotide polymorphism, does not mean that they are going to have any sort of disease. It's not a determinant. It's information that might actually turn on or off or up or down.

There's many analogies used here, but what I like to say is you may be dealt a hand of cards, but how you play that hand of cards is up to you. You may be given a script in a play, but how you act that script is up to you. And how we play that hand, how we act that script, those are the epigenetic factors that influence the way those genes are going to perform.

So I think of the genes as wallpaper, which I have behind me, but wallpaper that really just doesn't tell us what to do clinically at all. It just tells us that something is present for that individual. And that's a shift from a lot of the thinking where we're anchoring on the genes as a way to prescribe things or think about different protocols.

A genetic polymorphism is not a diagnosis, it's just information in the background. The epigenetic factors are the factors that influence that genetic expression. They're actually epi over wrapping

around those genes. And I like to think of those as our circle of influence. Our epigenetic factors being our food, our movement, our environment and our mindset.

**[00:16:11]**

So how we influence those factors in relation to sleep is really important as well. There's many ways we can think about those epigenetic factors. So I hope that answered your question about what is epigenetics. I know there's many ways of talking about it these days, but I think it's our power. We are and can be epigenetic masters for ourselves.

**Alex Howard**

It's funny you used the word power because the word that was in my mind was empowerment. Because I think often what happens is people read they've got this particular SNP or they read about this particular genetic element and then it almost can be a pathway to being a victim of going, well, I have this thing and that's why I have this thing which means I can't do anything about it.

And I love what you're saying that actually it's the opposite. It's the empowerment to go, I maybe have this area of vulnerability, but whether or not that is enacted or alive in my body comes down to how I live and the choices that I make.

**Andrea Nakayama**

Yeah, I think it's really interesting. Something that's coming to mind, Alex, as we're talking is we both give our power away, in that we're looking for answers outside of us, but simultaneously we're trying to play clinician all the time. We as patients, everybody's trying to get more information about themselves and then treat themselves based on that information.

And I just want to say when it comes to our genes and our SNPs, there's polygenomic factors, meaning that somebody needs to be looking at how the genes interact with each other. That just because you have an MTHFR, an M2, or a COMT, we have to look at the other factors that it interacts with to determine what does that mean for you, if anything, in this moment?

And what it ultimately comes back to are the factors that we do have influence over and that we can pay attention to. So there's a funny dichotomy where we're looking for answers outside of us, but many of us, in our world at least, are trying to play clinician, even for ourselves as clinicians. I know I can try too hard to fix myself with all the information I know.

And it's best when I find specialists for the different things I'm working on and actually have the dialogue with them, bringing my expertise to the table, not suppressing it, but my expertise is in me in addition to what I know as a clinician. They're never going to be an expert in me. I'm the only expert in me at the table. And so it's just a really fascinating state we've gotten ourselves into.

**Alex Howard**

You talk about three tiers of epigenetic mastery. I'd love to start to open that up.

**Andrea Nakayama**

Yeah. So the three tiers for me of epigenetic mastery are the tier one is the nonnegotiables. Tier two is deficiency to sufficiency. And tier three is dismantling dysfunction. And this brings me back to the

conversation we're having of which are in our area of influence? I don't want to say control because they're not always in our control. And which do we need help with?

**[00:19:29]**

And we're often talking about going for the dysfunction, where do I need help with my dysfunction? But the nonnegotiables and the deficiencies are areas where we do have influence. So we can think about those three tiers, again, non negotiables, deficiency to sufficiency, and dismantling dysfunction, through the lens of sleep. And start with those tier one factors, which I'm sure you've spoken about throughout, throughout the super conference.

**Alex Howard**

Do you want to highlight a couple of those that you see as being most important?

**Andrea Nakayama**

Yeah, I mean, for sure our environment. So again, if we look at epigenetics and we weave these different principles together, when we think about environment, we can think about, what is the environment for our sleep? Do we have sanctuary? Is there darkness in our room? What's the temperature in our room? Can we keep it cool? How do we unplug and get rid of the glowing in our room?

And I know you've spoken about that. How do we catch the wave for ourselves? And we can come back to that one, it's an important one. Where are we inviting the opportunity to calm down, to come into that rest and digest state? And then what substances are we using that might be sleep disruptive, those nutrients aside, what about caffeine, time of day of caffeine, alcohol, medication?

These are things that we can start to track for ourselves. What's the difference when I have a caffeinated green tea at 08:00 A.M. versus if I have one at noon? Does that impact my sleep? It's a very slow process. I always like to say slow it down to speed it up. But when we're looking at these different areas, we can start to track for ourselves, what actually makes a difference for me?

Is there a difference if I go to sleep earlier? Is there a difference if I eliminate alcohol at a certain point? Is there a difference based on when I eat my dinner or what I eat for dinner or whether I have dessert? All of those things actually impact our sleep and we're bypassing the curiosity we can bring to our own practices.

**Alex Howard**

One of the things I really want to amplify in what you're saying is the personalized nature of this as well. Often people, I imagine, come to conferences like this and they just want to know, what are the five things that everyone should do, for example, to sleep?

And maybe some of those are generic, but some of them are also very personalized. And I know that within your work with the functional matrix and in training practitioners, a key reason why practitioners are so important is to help people figure out how their body responds, what does it need, which could be the opposite of the person sitting next to them.

**[00:22:36] Andrea Nakayama**

Yes, absolutely. That's true of nutrients too, which is why I'm always careful about talking about supplements in a public forum, because people might then think, oh, that nutrient in a supplemental form is going to help me. And it could be contrary to what they need. So it could be an epigenetic factor turning something on or off that we don't want on or off because it's not the right thing for them.

This is another place where we're playing clinician, where we're looking at the X for the Y and it may not be working for us. So yes, very individualized. And when we even think about what is your state of rest, not everybody has a restful place to sleep. Whether that has to do in a gross way with a roof over their head or the situation in their home or household or with a partner. We have to look at and not bypass the realities of life and lifestyle as something that needs to be addressed that may be at the core of the issue, I cannot rest in my bed, that enables us to come to that healing.

So I have two personal stories that I think will help and maybe bring a little humor to it. After my husband passed over 20 years ago now, the bed frame that we had always was a little rocky and it drove me crazy. I just wanted to get in bed and have a place to be able to rest without any squeaking or moving of the bed.

And I remember I was talking about it with a therapist of mine and just saying, this is so frustrating for me. And she just sat there for a minute and she was like, get a bed frame. Sometimes the thing that's interrupting our sleep is more simple than we think. What can we do and what's available to us in terms of access?

The other thing I wanted to talk about was catching that wave. And that has to do with the natural and normal patterns of our cortisol which are not always natural and normal for us for various reasons. But what I know for myself is that if I go to sleep past the point where I'm on the down curve, which happens towards the end of the day, then I am up. I have a harder time falling asleep and I have a harder time staying asleep and getting good restful sleep.

So my sleep latency is longer, meaning it takes me longer to fall asleep and the sleep is not as restful. I don't get enough deep sleep. So ideally, our cortisol is high in the morning, coming down through the day like a ski slope. I have to catch that place where it's lowest. If I'm under more stress, that 10:00 place where I can usually catch the curve needs to back up because I notice I'm more amped up.

And I'm starting on that upturn where I get back to the place that can wake me up faster and with more aggression. Because it's just flowing in me. So little things like that help me be in tune with me so that I can say, this is what's happening. I need to shift something now instead of looking for all the answers outside of me in products or protocols or pills or practitioners.

**Alex Howard**

It's like what you're describing as the ski slope becomes a ski jump.

**Andrea Nakayama**

Exactly. It does indeed.



**[00:26:15] Alex Howard**

But there's also, I think, a tendency that we can find, people working as nutritional therapists and as functional doctors, that people think if I swap my pharmaceutical intervention for a nutraceutical intervention, it's a more natural alternative. Which of course, on some level it is, but it can still be this pill for an ill. As opposed to, as you're saying, actually looking at the wider context and the bigger picture of what actually might be happening.

**Andrea Nakayama**

Exactly. And again, where we have influence. I have to tell you, Alex, as I move back in my work to working with patients, not one on one, but in a way that helps me to write about functional nutrition for the patient. So, you know, I've spent the last ten years training thousands of practitioners and continue to do that, and yet I'm finding more people who have been to all the places and they're still not better.

And I'm frustrated with functional medicine because of that, because we're still in the pill for the ill, because we've over anchored on all the fancy testing, all the functional testing, without looking at somebody's sodium, potassium balance, or their red blood cell function. I mean, I see people's labs and I'm like, did anybody even talk to you about these basic imbalances like hydration, like sleep, that could be leading to their problems with sleep, or their problems with their immune system. Whatever it is, it's all connected.

And that is really frustrating for me, that people are lost in this not just pill for the ill, but this external facing realm that is going to provide answers and in a way, losing our agency, losing that empowerment and losing the influence, we actually have to say what works for me, what doesn't.

The functional matrix, which I know we'll talk about, talks about our mediators. Our mediators are what help us feel better and what make us feel worse. And it's one of the first things I'm going to ask somebody when they come into a functional nutrition practice, because what they already know is their power. And the more we can empower people with those mediators, the more they are in a place of self health care, which is the movement we need to make in our healthcare system.

**Alex Howard**

So before we come to the functional matrix, do you just want to finish up on the three tiers? So we talked about environment and we talked about working with nutraceuticals, but of course, case by case, not this is the list of stuff that you should take.

**Andrea Nakayama**

Yes. So those nonnegotiables I was talking about are the environment, catching the wave, really coming into those calming practices, not watching the news or anything. Those late night shows that are on, I don't have a TV, but I think those are all the scarier, harder core ones where we're getting our systems up in an ante. So how do we come into calming practices and what do they entail for each of us that's going to be individual? So, tier one, nonnegotiables, what are they for you, based on what I talked about?

**[00:29:37]**

Tier two, we looked at a little bit earlier. That's where we're going to see the imbalances, the deficiencies that may be in your life, in your diet, in your nutrient status that are going to lead to those sleep imbalances and vice versa. So we may have a deficiency in sleep to begin with and it becomes a nonnegotiable to get back there and look at it for our immune system. We may have an inflammatory imbalance that has a deficiency in antioxidants or in our ability to deal with oxidative stress. So deficiency to sufficiency is that tier two arena.

And I want to say that on the other side of sufficiency is toxicity. So there may be factors that we're looking to bring in balance. And for me, if we're thinking about the partnership between a patient and a practitioner in this area, in this tier two, it's a both end. This is where we may need a practitioner to help us identify certain deficiencies.

But there are certain deficiencies that we're the experts in. I have a deficiency in joy or rest or relaxation that are actually impacting other pieces. And then that tier three factor is the dysfunction, the diagnosis, we were talking about. And that's definitely where we'd need the help and need somebody else looking at it. But again, we don't want to overlook the tier one and the tier two factors in favor of the tier three which are looking at it through the lens of dysfunction, of physiological dysfunction, that needs some external support alone.

### **Alex Howard**

Which is, I think, a great segue to come into the functional matrix. So, Andrea, this is, I think, an enormous contribution to the field, your work here. Do you want to just walk us through, briefly, because we can go down many rabbit holes but briefly, what the functional matrix is and then we can start to apply it to some scenarios with sleep?

### **Andrea Nakayama**

Yeah. So the functional nutrition matrix is an offshoot of the Institute for Functional Medicines matrix which was designed by the founders of the Institute for Functional Medicine. And I found that matrix difficult to work with and share with a client. So I reworked it into a mapping system that helps us as clinicians but also helps us talk to people and people to see the map of their own signs and symptoms.

So the matrix is divided into three areas that I like to think of as the story, the soup and the skill. And the story is what's unique to us. This is where that precision medicine comes in. The soup is what's going on internal to us and really understanding the interconnection of systems biology. And the skill is what we're doing based on what we know about who we are and what's going on in our body.

So again, if from a health coaching arena we may just look at skill devoid of that understanding. From a functional nutrition perspective, we are looking at that skill as the simplicity on the other side of complexity because we understand the interconnections. So, again, if I think about my mantra for all my work and for my podcast, everything is connected. We are all unique and all things matter.

And it brings us back into that mantra or drumbeat again and again and again. So instead of seeking an answer and going, why is this happening to me? I like to think of it as the opportunity to come into, oh, me. Oh, that's who I am. This is where I came from. These are truths about me. This is what's been going on my whole life, and here's how it's manifesting in my body.

### **[00:33:40] Alex Howard**

Fantastic. So let's then take an example of how this might apply to someone that's got sleep issues. So someone walks in to see a clinician and let's say that they just can't get to sleep. And maybe they walk in and initially what they're saying is, I just need melatonin or I need something, I need magnesium, whatever it is, they've got a very fixed idea of what needs to be done.

How can one use the functional nutrition matrix to start to, in a sense, figure out what's actually going on and then come to that intervention piece?

### **Andrea Nakayama**

Yeah. So, sleep is a symptom, a lack of sleep, it's a branch. So why is it happening? And in an ideal functional nutrition practice and again, I keep using that term because I think we've kind of moved away from what the functional system is really meant to be. We're asking why, not what. And so that reframe is really important to help a client or patient, to help any of us, understand that the what isn't going to get us to the long term health outcome, the why is what's going to actually allow us to resolve what's going on.

So the functional nutrition matrix is part of a lengthy system of assessment. And when I'm talking to practitioners about how to best practice, I call it the ART of the practice. Assess, recommend, and track. And tracking leads to further assessment, recommending and tracking. And it's a cyclical process that's basically related to the scientific method, which somehow we got away from in clinical care.

And so we have to do a really appropriate assessment to understand what's been going on for you. What's your history with this? When did you start having problems sleeping? When you say you have issues sleeping, is it that you're having problems falling asleep? Staying asleep? How often are you waking up? Are you waking up rested? We have to do a deep dive into, what does sleep mean? What does a problem with sleep mean for you?

And you mentioned a problem falling asleep, then we're going to do that deep dive of, what are the nonnegotiables? We may not talk about it right then, but what time are you going to bed? What's your sleep environment like? How is your time to actually come down? And ask the questions that help us to make gradual movement forward while continuing to dig for what might be deeper in the whole situation.

So it's not a one and done. I have an entire article on my blog that sleep is not a melatonin deficiency. So we don't want to take something that actually impacts other parts of our physiology without understanding if we need that support and what that support can ultimately be doing to impact other parts of our brain function.

### **Alex Howard**

Well, it's interesting, as you say, sleep is a symptom. And then the danger is that, for example, if one is just taking melatonin to fix the symptom, they're not necessarily fixing the symptom, they're managing the symptom. But there's something else going on that's then being masked that's then not actually getting attended to.

**[00:37:10] Andrea Nakayama**

Exactly. And if we think about melatonin alone, melatonin is the hormone that we produce endogenously. We're producing it in our bodies or should, and we produce it when we sleep. And so we can get into these cycles where we're actually impacting other things we don't want to impact. I'm not saying that people shouldn't be taking Melatonin. That's for every individual to discuss with their provider based on what they're working on.

But that's going to also impact other hormones that are manufactured when we sleep, like our growth hormone and our protein assimilation and production. So there are interconnections in the physiology that society and the environment are messing with, but then that we're actually contributing to as well by not asking why and only anchoring on the what.

**Alex Howard**

So, Andrea, someone that's watching this that is thinking, okay, well, how does this apply to me? And of course, part of the answer is working with a skilled practitioner that's able to work with a map such as this to really be able to figure out what's going on for that individual. But what are some of the practical takeaway pieces that someone can go right, I'm going to start here.

**Andrea Nakayama**

Yeah. This is where for me, really understanding our own nonnegotiables is key to all that we do. And when we're talking about food and nutrition, nonnegotiables would be one of the areas that I'm anchoring on. There are simpler ways we can start to address our food intake, but the nonnegotiables for ourselves is a place to really ask ourselves questions, get curious, know yourself better. And again, is your sleep environment a sanctuary?

I know it seems simple and we want the complex, but I promise you that we cannot come into that healing opportunity and really see the outcomes that we're looking for without anchoring back on some of the things that allow us to rest, to digest, to come into our sleep. So that sanctuary, that darkness, that coolness. What is your sleep environment like?

Getting really curious and then asking yourself when you're having issues with sleep, what do you mean by that? So when you show up for yourself or what you're looking at, you're able to articulate where you're actually having an issue and also what you've done to support yourself thus far, what's worked for you, what hasn't worked for you. So I think the thing we can be doing, what matters to us, is becoming the expert in ourselves.

And again, I feel like this is the least sexy thing to say because we want all the fancy things that help us, but to me, this is really what shifts our health outcomes in the biggest way.

**Alex Howard**

And in a sense, also what strikes me, Andrea, as you're talking is that often the things which are going to impact on sleep, just like we talked about, vicious circles, there's also virtuous circles. That the very things that we may do to improve sleep are likely to improve some of the other things which are either out of balance because of poor sleep or in fact driving the sleep issues in the first place.

**[00:40:52] Andrea Nakayama**

Exactly. Yes, everything is connected. So if we work on our sleep, we're actually impacting our immune and inflammatory balance, which is related to a lot, at the roots of every single chronic condition. If we're working on our sleep, we're supporting our neural function and our cognition and looking at and addressing that brain fog and that impulse control that may have us reaching for things that we don't want that aren't serving us.

And really, sleep is implicit in our brain plasticity. So even focusing on something that seems simple and bringing our attention there, not in a how do I fix it way, but in a, why is this happening? And again, the functional nutrition matrix is based on really doing a deep assessment, which includes a functional nutrition timeline, which is based on asking lots of questions, motivational interviewing if it's in the hands of a practitioner, for ourselves, asking the question, when did I have problems sleeping?

What else was going on in my life? What did that look like? Did I always have problems falling asleep? Really getting curious and then recognizing that that focus helps with all the other things that feel wildly out of our control because we can't wrap our heads around what to do about it.

**Alex Howard**

Fantastic. I feel like there's so much more that I can ask but we're out of time. But, Andrea, for people that want to find out more about you and your work, what's the best place to go and what is some of what they can find? And I certainly want to recommend your podcast as well.

**Andrea Nakayama**

Yeah, well, thank you. If you go to [fxnutrition.com](https://fxnutrition.com), you can find your way to my training for practitioners, the blog where I mention those sleep articles that I've written several on sleep because it is a nonnegotiable. And also the podcast, [the 15 Minute Matrix](#). Alex has been an amazing guest two times now, I believe, Alex, with one of those episodes being our number one listened to episode ever because we recommend it so much.

**Alex Howard**

Bless you. Thank you. Andrea, thank you so much. I always really appreciate your time. Thank you.

**Andrea Nakayama**

Thank you so much, Alex.