



Post Trauma Growth and Functional Nutrition for Optimum Health

Guest: Andrea Nakayama

Niki Gratrix Hi, Andrea, and welcome

Andrea Nakayama Thank you so much for having me. I'm so glad to be here.

Niki Gratrix Thank you Andrea. And, you know, I'm a huge fan of your work. It's great to connect with you. We've had private conversations, and whenever I've spoken to you, I've just felt we're so much on the same wavelength. We've had certain influences in the background that are similar. And I know you're a big systems thinker and a 'big picture' person and true root cause, not just physiological, but also psychological. And so it's an awesome honour having you come on the podcast to share. You know, you can really articulate some of this big picture stuff.

And I know we're going to talk about functional medicine versus functional nutrition. 'Functional', it's such an overused word and it may still get lost. But I still think it's really valuable to have someone like you describe exactly what that is vs. the medical paradigm, because it's such an overused word. And yet conventional medicine is still so proliferate.

But first of all, I'd love for you to share just your personal journey about how you got into where you are now, because I think it's very interesting and very important. I think a lot of people will relate to your journey as well. And you talk about post-traumatic growth. And I'd love for you to bring that in too. So, go for it!

Andrea Nakayama Yeah. Thank you. And I'm so excited to be here. I've loved the conversations that you and I have had in hallways and yards and places that we've had the opportunity to meet and connect. So I'm grateful that we're finally having this time to connect here. So I, like many of us, have a personal story that led me to my passion for the work that I do.

And for me, that was back in April of 2000 when my husband, Isamu, was diagnosed with a brain tumor. So he was diagnosed with a very aggressive brain tumor called a glioblastoma multiforme. It's the most difficult to treat brain tumor that there is. At the time of his diagnosis, I was seven weeks pregnant. Hard to believe it was so long ago. My kiddo just walked out the door to go driving the car to the gym after his summer in New York. So, you know, long time ago now!

But we kicked into high gear and did everything and anything we could do to support his health and his longevity, whatever that would look like at that time. Because he was given

six months to live, we were really fighting an uphill battle, especially because we had a baby on the way and we wanted at least for them to meet each other. But in truth, we were working towards a lot more. We were working towards keeping him alive for as long as we could. And we had ideas about, you know, not dying from this.

The truth is that he died two and a half years later, so he had a full year and a half with our son. It was a very intense time. Hard. Beautiful. So many different things. Life transforming. We became closer. We went through everything together. It was our brain tumor, it was our pregnancy. We were working through this all. And it was then that I realized both the powers of diet and lifestyle modification, and food as true medicine, but also that I came face to face with some of the problems of allopathic or Western medicine.

So don't get me wrong, I am a 'yes and' person. Thank goodness they could cut open his brain twice and remove/debulk as much of the brain tumor as they could. But Isamu, my husband, was seen as a walking dead man everywhere we went. And that was very frustrating for me because here he was, my beloved, my soulmate, and I was watching him being treated like his diagnosis. And that became a bee in my bonnet that would come to fruition later in terms of how we look at individuals as the entirety that they are. And there's a lot to that from a functional perspective as opposed to just their diagnosis.

So that was my story. And the post-traumatic growth that you speak of is that after Isamu died and after some time, you know, getting back on my feet, so to speak, I really came to realize that what we had been through, what I found to be true during his diagnosis and treatment and all that we had lived together was an opportunity for me to help and touch more people with the awarenesses that I had developed during that time, so my post-traumatic growth was: 'never again'. This should not happen to people. People should not be treated like their diagnosis when they are so much more than that: a husband, a father to be, a father, eventually, a brother, a friend, a lover... All these things that he was. He wasn't his diagnosis. So for me, the growth was where I was able to take that experience and help thousands of others in their journeys.

Niki Gratrix And Andrea, you're such an amazing example of this idea of post-traumatic growth. A trauma doesn't have to just debilitate us and just have a negative impact. You alongside, you know, a big example is, people like Oprah Winfrey. You know, traumatic childhood. And people like Matthew Sanford, the paraplegic yoga instructor.

I interviewed Bessel Van de Kolk, the world's leading expert on trauma and he talked about that book. And then a day later, I saw that on your website and thought, she is in tune. But yeah, you are a superb inspirational example of what a true trauma can really do and how to turn that around and then express that and touch so many other people, as you say. That's awesome.

So let's talk about functional medicine vs. conventional medicine. This is really good to talk about. It's a buzz word but still really important. The conventional medicine approach is still so pervasive in its thinking. And it's subtle how people still come to the consultation actually with a conventional medical thing in their mind. So it's still really valuable. So that and what's the difference between functional medicine and functional nutrition?

Andrea Nakayama Yeah. I mean, it's so interesting, just even when I am training other practitioners, how we all get trapped in that conventional thinking. It's the quick fix. It's the X for Y. I am constantly reminding my students who are accomplished clinicians, 'wait, you're not thinking functionally'. So I think it is a buzzword that gets very misused. And I like to say that my mission is that functional medicine as a model can change the whole paradigm of how we work with health. But my passion is that there's another kind of practitioner that needs to support the model and that there is a way we can do this.

So when we're thinking functionally, we are thinking of the entire person, we're thinking of their history, and that's everything from their genetics, which we put too much weight in at times. But there is a genetic or a genomic component. There's where we were born, how we were born. All of those factors are what, in functional medicine, we call the antecedents. There are triggers that happen along our life that are part of our stories. These are the traumas that impact us both physiologically as well as psychologically. And we can't really take those away from each other.

And then there's what we call in functional medicine, the mediators. And that's what we do, day in and day out, that helps us to feel better or worse. And the mediators are where the gold is in the functional approach, because that's where we as patients get to reclaim our health. The more we know, what makes me feel better, what makes me feel worse, the more we are able to support ourselves. So there's the story. There's the soup, as I call it. And the soup is everything happening physiologically. And it is a web of interconnections. I know I'm throwing out a lot of terms here, but when you're thinking functionally, you're putting these things together. How has the history impacted the inner terrain? All the physiology. And it's all interrelated. The gut's connected to the immunity, connected to the hormones, connected to our moods. It's all connected.

And then how do we match the skills? How do we match what we do each and every day to an understanding of how we're addressing those underlying factors? So I like to think of a functional approach as, we call it often root cause resolution. But I like to back that up and say, what's the soil that those roots exist in? And if we change the soil, how do we actually alter the health of the roots? Which, of course, in turn alters the health of the tree and the branches and the leaves. So it is all about terrain, which is where diet and lifestyle really come into play.

And ultimately what we're aiming for is something you've spoken to beautifully, which is resilience. And resilience is where trauma can hit us and either take us down or become an opportunity for growth and evolution. Because trauma is going to happen. It's going to happen to all of us. It's going to happen more than once. It's going to look like, you know, a car crash, or a divorce, or trauma going through a graduate program, or a child being sick, or having to take care of our parents when they're ill. Trauma is going to happen. And where do we have the resilience to handle that trauma? And that's what the whole functional approach should be about, where we really fine tune the dial to come in to as much of a functional stability and acuity as it can.

Niki Gratrix That's so interesting. I love that you talked about the soil that the roots are in. Because I get the root cause thing. That's really good. I was thinking, if for example

somebody comes and says, my hair's falling out, we might think we need to rule out thyroid. Now maybe a conventional Doc might just give maybe an anti inflammatory or something which would just block that symptom and doesn't deal with the root cause.

Andrea Nakayama Exactly.

Niki Gratrix In functional medicine we might say, we'll check because maybe this is Hashimoto's, maybe there's an autoimmune disease. And that's maybe gut related. There's Leaky Gut going on. And then we might say, OK, so let's look at the diet.

The soil though is, what was the six months of stress that you went through that caused the leaky gut? Because the gut is the root cause. But what about the soil? Is that what you mean by that?

Andrea Nakayama Even more so. So this brings us into what I call the three tiers to epigenetic mastery, or three tiers to nutrition mastery, if it's OK to move into that. Because when we adjust the soil, we actually can address that dysfunction.

Let's say the hair is falling out, in an allopathic model we check the thyroid and we can label it as hypothyroidism and we give a drug for hypothyroidism without looking at, wait a minute, why is that hypothyroid?

In a functional medicine approach, we might go, ooh I know to look at more than just the thyroid markers. Let me look at all of the thyroid markers and everything else. It's Hashimoto's, it's autoimmune thyroid disorder. And I know that has an impact with the gut and with the immune system. So let me address that.

In looking at things from what I call a functional nutrition or an allied functional medicine approach, where we're backing that up even more, we say whatever that label is, if I shift the terrain in which that is manifesting, how do I actually address the dysfunction?

So it's not that we're not saying it's Hashimoto's, I know what to do for Hashimoto's, but we're saying it is individual to you. As an example, I had a session with my practitioners this morning and one of the dieticians was talking about the medical practice she's in and the doctors were saying, you need an SCD diet.

Ok, the SCD diet isn't working, you need a low fodmap diet. So it's still theory, whereas in a functional nutrition approach, we're saying what's true for this individual? We're not applying: 'take magnesium' or 'take selenium' or 'take zinc' because you have a thyroid disorder. We're actually getting in deeper to what is true for this individual. And that includes a very deep assessment, which is really about understanding history, understanding mediators. And then that's where the three tiers come in.

Tier number one are the non-negotiables; tier number two is deficiency to sufficiency and tier number three is dismantling the dysfunction. How do we actually dismantle the dysfunction? When we look at the non-negotiables and the deficiencies. And I can talk a little bit more into that, but let me see if you have any questions before I do. Does that make sense in terms of the soil?

Niki Gratrix Yes. And it will make more sense if you also share what are the non-negotiables and give examples, that would be awesome.

Andrea Nakayama Great. So non-negotiables are vast. So we can look at sleep and relaxation. We can look at, you know, community and networks and relationships. We can look at diet and lifestyle, or nutrition and hydration. Those things are unique for the individual and we really need to figure out what works for you, what doesn't work for you. And that is where we do a lot of tracking. And the 'you' part is very important there.

So let's say going back to my example of, you should go on a specific carbohydrate or an SCD diet. Maybe that individual has issues with eggs or almonds, which are commonly eaten in an SCD diet. And just by doing the diet by theory, we actually cause more stress on the individual, not just in trying to do a hardcore diet, but in the impact that those agents are having on the body. And we start to move away from the opportunity for hope, for healing, because it's not working.

So non-negotiables are everything from, I know with my Hashimoto's I need to go to sleep at ten, ten thirty or I'm off; I miss my adrenal curve, my circadian rhythm gets off and that impacts my blood sugar. It impacts my cortisol levels. And that affects my thyroid. So I start to identify what are my non-negotiables.

I need a lot of time to myself because I have a very public life in some ways. And so a non-negotiable for me is making sure I have time to regenerate. Whereas a non-negotiable for somebody who is more social than I am, or who has a more isolated job than I do, may be to spend more time with friends and family.

So we need to figure out through a process of discovery, either with ourselves or with a practitioner, what are my non-negotiables? And they can be vast. They can be everything from, because I have a deficiency in vitamin D, it is a non-negotiable that I take my vitamin D supplement every day.

So this isn't a linear way of thinking, it's a very networked way of thinking. So I said that tier number two is deficiency to sufficiency. That vitamin D is a deficiency, that may become a non-negotiable, if I have difficulties utilizing vitamin D.

That hydrochloric acid that I take in the morning, that Betaine HCL with Pepsin may become a non-negotiable if I have difficulties processing and breaking down those proteins that I need.

So non-negotiables and deficiencies can be interchangeable. We can figure out, where does it become a non-negotiable? Again, this is very deep clinical work, but it's in the realm of the soil vs. in the realm of, 'What's the root? The root is the diagnosis. Let me treat or address that, even though I'm doing so in a natural way'.

So if it is Hashimoto's; what's the protocol for Hashimoto's? What's the infection protocol for Candida or Clostridia? This is saying, why does Candida exist? What is the terrain? Candida can only overgrow in a microbial imbalance. And so how do we make sure we're

addressing the microbial imbalance and the deficiencies that exist there, so that the benefits of Candida don't have an opportunity to overgrow into a problem?

So it's a complex clinical lens that gets us out of the X for Y. And it is a hard core paradigm shift, for everybody. Does that make sense?

Niki Gratrix Totally. I love that you call certain things 'non-negotiables'. Because with this type of medicine and functional nutrition, what we're talking about, we're talking about the whole person and really we're talking about them changing their life. We're in the transformation business.

Andrea Nakayama Absolutely.

Niki Gratrix So much of this, is a compliance issue apart from anything, isn't it? I mean, that's why I love that word that you use, the non-negotiable. I love that you talked about circadian rhythm management, it's had a massive impact on my life and it's changed what I've been doing with clients for 15 years. You know, getting people to go to bed earlier; get up earlier; orange light in the evening; get bright sunlight during the day. It's just been such a big factor.

And for some people, it's like these are the foundations. And for some, that will be a non-negotiable, needing to go to bed at this particular time. Needing to do meditation. So it's such a journey of self discovery because we'll find out that that person becomes so much better, when they do that. And they realize it's non-negotiable. And that's what we're doing, training them to listen to that, aren't we.

Andrea Nakayama Exactly. And then we develop a different muscle. And again, this brings us back to those mediators, because once we understand what makes me feel better, what makes me feel worse. We're then in a Risk - Reward conversation with ourselves all the time. And this is where we start to really take ownership of our own health, and that's where resilience comes from. We're not putting our health into the care of some practitioner, or searching for some practitioner that's going to tell us the answer, because the answers actually are in that process of discovery.

So in order for that compliance to take place, there's a number of factors there. One of them is that we need to understand our own 'why', we need to understand where these things are getting in our own way. And I really think of the body as a vessel, through which our ultimate ideas and expression can come through. And when the body is functional, it's functioning to the best of its capacity, which isn't necessarily 100 percent on every dial, but to the best of its capacity, there's this resonance that happens where really our truth and our integrity and our purpose can come through.

When there's dis-resonance, when there's a lack of resonance, that's our focus. That's where we're spending our time. So we really need to get in touch with our 'why'. Why am I going to make these changes that are not easy? I mean, the work I do, I always joke - Niki you may relate - it's not sexy! Because it's about giving things up. It's about risk-reward. Like, we've got to make it sexy as examples, right! It is not easy to make diet and lifestyle modifications.

It's not easy. Is it easier to like, get in bed and watch Netflix than go to my yoga class at night? Sure.

But yoga practice becomes a non-negotiable because I know, when I have that time, I actually feel better. It becomes a mediator, and then I almost become addicted or attracted to the thing because it makes me feel better.

Then the risk-reward is very clear. And this concept was very clear to me, you know, years ago before I even understood the complexities of the work, with alcohol. And there's so many benefits that can come from certain types of alcohol. Certainly the resveratrol in red wine. For me, with my adrenal issues, with my thyroid issues, I realized that the alcohol, the red wine, even a half a glass, wasn't worth it. That the risk was, that the next day, I felt a little depressed.

Now I'm fortunate in that I don't tend towards what we classically think of as depression, but I noticed that my energy level was a step down. And I don't want to live there. I have a lot to do. I love what I do. I'm a single mom. I was building a business. I don't want to be here. I want to be here.

So the reward of not drinking was better than the risk of drinking, and I could identify that. Now, I did have to recognize how that impacted my social life. How could I opt in for the opportunity with my girlfriends or whoever I was going out with, while not partaking in that activity that I recognized as a risk for myself? So it's very layered.

It's also physiological. It's harder to make those decisions for ourself, that are about long term risk reward or benefits, when we have dysfunctional microbial diversity, when we have limited short chain fatty acids, when our dopamine production is low or our hormones are off balance.

So, we can't take hope, dreams, desire out of the body, we have to work towards making that connection. And it's not easy work, but as you said, it's transformational work. And I believe, especially for women, it's the work we want to be doing. It's just getting the guidance that helps us to understand where and why what we're doing matters. Otherwise, it just feels like I'm trying and trying and trying and the results aren't there.

Niki Gratrix So interesting, brilliant. I wanted to ask you, so when you get really complex cases where, you know, there might be some food intolerances going on, there may be infections that could be probably heavy metals going on, too. But you also know the person has a history of trauma. And you can see that there's a neuroendocrine system reset that's happening. And so you do your in-depth analysis, and you've got this multifactorial thing that you're seeing. Do you have a particular kind of approach that you'll tailor to the person, or actually is it completely, 'OK, this is the smorgasbord and we're just going to work on what the person can do'. Do you have anything on that?

Andrea Nakayama So, you know, in our clinic and what I teach other practitioners is really in the realm of working with the complex client. So that's my specialty. And so as a result, that's become the specialty of the clinic. And also how I can teach practitioners to think. So there's often multifactorial situations and there are often, as you know, Adverse Childhood

Experiences (ACE) that lead to those multifactorial conditions in the body and vice versa. They feed each other. And where we're seeing more and more research is about those ACEs and autoimmune conditions.

So it cannot be overlooked. Our expertise is understanding the physiology and bringing those connections together. So it's not our expertise to work with people on directly addressing their adverse childhood experiences, although we are going to bring it up with resources like you provide, with Donna Jackson Nakazawa's work in *Childhood Disrupted*, her book. And Donna is a dear friend of mine, I think she's brilliant. And the information she brings to light in that book is so important and the research is just continuing on and on and on.

I'm shocked by how often practitioners are bringing up the adverse childhood experiences in my podcast when they're talking about very different issues that have nothing to do with the psychological. But it's definitely a trigger in the story of the person who is experiencing multifactorial signs, symptoms and even diagnoses.

So we will definitely address it in making those connections and helping people to understand those connections and helping them to understand, or to even find, the resources or the practitioners that can support them in doing that work.

It's super complicated. I'm thinking of a client I spoke to this week, he's a very famous author and he has a history of addiction. And just looking at his childhood and the patterns he set up and the extreme pain that he experiences, and starting to, just in conversation, help him make those connections is profound work. And I'm so honored to do it with people.

In terms of what the protocol is, it definitely looks different for each and every person. It's based on their ability to make a habit change, what they come in experiencing, we have clients that come in eating three foods because they've reduced, reduced, reduced. And they can eat anything. And they've identified things as not sustainable for their symptoms. But then when we think about deficiencies, the more limited the diet, the more deficiencies we're introducing.

So a diet is ideally as fast as possible. Any healing diet starts to introduce deficiencies or imbalances. So we need to be looking through that lens, which doesn't mean we're not going there, with the opportunity to repair and reintroduce.

But that looks so vastly different for each and every person. And that's where the functional approach really comes to light. And the role of an allied functional medicine practitioner, working in the realm of diet and lifestyle modification, is very nuanced. We have to get out of the protocol, out of just seeing the hole, but into the weeds, because people are going to have different relationships to making change and why that relationship occurs and we need to get in there with them. It can be messy.

Niki Gratrix Yes. I was going to say it's actually demanding. It's demanding on us practitioners, isn't it? You know, keeping this big picture in mind all the time.

It's demanding for practitioners and it's a lot for our clients. Although that's also our job I think, to help break things down, so they can pick the low hanging fruit, get rewards from that and keep them engaged.

Andrea Nakayama Exactly.

Niki Gratrix It's really that, isn't it. Low hanging fruit. Keep me engaged and then they can slowly start to do the deeper work. And some of it isn't actually just a quick fix and involves managing expectations around that. Fascinating.

Andrea Nakayama It's more and more what people need. We're seeing more and more, especially women, who need this type of work. But there's still that desire for 'just tell me the one pill' protocol or the practitioner who's going to say it all.

Niki Gratrix Yeah. The quick fix, the practitioner who'll just fix it, this drug or this supplement. It's still this mentality isn't it? But the good news is, when you do these lifestyle changes, it is completely life changing, isn't it? They just need to get on that train, feel it, that's the most important thing. Feel it. And it's so much about just connecting. We're teaching people to listen to their own body. I know we say that a lot, right? But I mean, even with something simple.

Everybody I still work with, and I work with tons of complex cases, I've done that for fifteen years, with chronic fatigue. But still, even just blood sugar control, eating a low blood sugar diet. It's still number one. I still find this, 15 years later.

Every time a client will come and see me, they may have seen 15 practitioners before me, I'm just back to the basics. And they are so caught up in like, the SIBO and all this other stuff.

Andrea Nakayama Totally.

Niki Gratrix And I'm like, let's just remember what to eat for blood sugar control. And I'm not imposing a particular ratio of macronutrients. I'm saying, these are the symptoms and this is how to know how to eat when you're managing your blood sugar. And they're often running, right? So they're managing it. This is what we do. So that ultimately, they don't need us.

Andrea Nakayama Yeah. I mean, when we go back to that notion of non-negotiables, I would say that if you're not pooping, sleeping and your blood sugar is dysregulated, all the other work doesn't matter. So when we're thinking about this approach and that soil, again just to drive that point home, if you don't address the quality of the soil, and that's those non-negotiables, those roots, they may get better for an instant, but they're going to get sick again unless you address that soil.

So we can go root cause resolution, yeah you have SIBO, here's the SIBO treatment. You can do that antibiotic treatment along with the herbal treatment. Here's what you gotta do. If you haven't addressed the blood sugar, if that person's not eliminating, if sleep is dysregulated, those problems are going to just keep arising. So sometimes it's the pre-work

that has to be done before those interventions at that third tier, the dismantling, the dysfunction, can even happen.

And also, there are times when we don't have to go to those measures when we address those other factors. So, again, non-negotiables for me, in part, are if you're not sleeping, pooping, and your blood sugars are dysregulated, forget it. You're building on quicksand.

Niki Gratrix OK, that's brilliant. Pooping, sleeping, blood sugar. I couldn't agree more. That's brilliant! Are there any other tools and systems that you want to share that you use?

Andrea Nakayama So that I think of, as the operating system. That three tiers approach is how we work in our clinic and how I teach other practitioners to work. And I can't tell you how much reinforcement it takes, over and over and over again. It becomes part of our language. Back it up. That's a tier three issue. Why are you bringing that intervention in now? Have they done this? And I hear it even in a lot of functional practices, where somebody, like you said, may be addressing that condition without thinking, but wait a minute, is that person still drinking wine every night, and/or they're still eating gluten and you're trying to address their SIBO? Like, what? Is there Hashimoto's? What's going on? Right.

So how do we back it up? We also use a version of the functional timeline and the functional matrix. So the Institute of Functional Medicine has designed these tools that I've adapted, both for the use of the allied functional medicine practitioner, but also so that we can share those resources with the patient. How is it that these tools and resources make sense to them.

They come back to the aha realization of, oh wait a minute, that food poisoning I had in Mexico thirty years ago, has something to do with what I'm experiencing now with my hormones, what are you talking about?

So we start to make connections. I like to think of those tools, the timeline and the matrix as taking us from 'why me?' to 'oh, me'. So we start to really see ourselves more functionally and in that, there's a lot more acceptance and forgiveness for what we're experiencing.

So I like to think of the work that we do as having an art to it. And that art is to assess, recommend and track. And then we repeat.

So ART stands for **Assess, Recommend and Track**. So we assess, we don't diagnose. We recommend, we don't prescribe. And we track and track and track. And that leads us to more of that assessment and discovery.

And those are the tools, to answer your question, that I've developed for my team and for the practitioners I teach and for the patients that come to us, to have at their fingertips, so that they're in that constant process of being able to assess, to receive recommendations that have reasons and then track.

Because all health and medicine comes with mistakes. Mistakes happen a lot in allopathic and Western medicine, and we just accept them. But the mistakes we make in the functional

realm should be mistakes that lead us to deeper clues, that become part of that assessment and discovery. Oh, you reacted negatively to magnesium. That's interesting. Now I know what that might mean.

Or you can't take that B complex that I brought in to help with your hair loss, curious. That tells me something about your liver. How do we take mistakes and actually understand them? And in the realm where so many patients today are self prescribing, there is not the clinical insight to be able to make sense of those things. So it just becomes a swirl of frustration and annoyance.

Niki Gratrix Yeah and confusion.

Andrea Nakayama Totally.

Niki Gratrix That actually totally leads me to my last question for you. What are the biggest mistakes that people make?

Andrea Nakayama We are talking into them. I think that, you know, the fact that there is a quick fix and that it exists on Google, or in a book, or on a tele-summit.

At some point I went in front of our community and talked about what I call the epigenetics of the online tele-summit, because there are experts like you and I on camera talking about, take this supplement, do this, if you have this condition, this is what you need to do. And people are then self prescribing, self diagnosing and that might actually be the exact wrong thing for them in their situation. And this is the importance of working with a practitioner. And not just working with a practitioner, but working with a practitioner who understands these interconnections and how to think functionally.

So I think as patients, the mistakes we make are looking for, it's going to be one thing that's going to fix everything. And as practitioners, we do the same darn thing. They do it all the time. My top level practitioners. I have to constantly remind them, wait a minute, are you thinking about this properly? And it's because health and medicine have become an arena where we think there's an X for Y for everything.

We all are in that mindset. And it's a huge paradigm shift for us to go, oh actually, health requires some work. I love my friend Dr. Ben Lynch, he says health is a four letter word: w-o-r-k.

And that's the truth as much as we don't want to admit it. It's amazing work though, when you embrace it and when you do it with the support that you need to really learn more about yourself.

Niki Gratrix Awesome. Well, it's been brilliant to interview you Andrea. I've really enjoyed it. I could listen to you all day. It's like, yes, this should be useful for both clients listening and for practitioners. There's a lot of practitioners also following.

So, where can people find out more, if they want to work with you or your clinic directly on a one to one basis? And also if there are practitioners that might want to know more about your program, where do they go?

Andrea Nakayama Yeah. Thank you. So we do have the three tiers to nutrition mastery, which is this concept laid out of those three tiers for everybody. I believe it's functionalnutritionlab.com

And right there you can tell us if you're a patient or a practitioner and we'll make sure you are directed towards the resources that are most applicable to you.

We have so many resources on the blog, on my podcast. But if you start there and get your hands into thinking about this paradigm shift, we'll make sure you're taken care of and you are led to the resources that are most applicable to your needs.

Niki Gratrix Awesome. And your practitioner course, it is actually for people who've already done some, it's like a graduate type of course, isn't it?

Andrea Nakayama It definitely is. We are not licensing people to practice. So people come in in the health coach arena, all the way to the M.D. level. So it's kind of leveling the playing field in the symbiosis, where food meets physiology and we start to take on this different way of thinking. So we have a lot of registered nurses, nurse practitioners, physicians assistants, licensed acupuncturists, medical doctors, naturopathic doctors, as well as advanced health coaches in the program. But it is that next level because we are not licensing people to practice.

Niki Gratrix OK. Awesome. So I encourage everybody to go to the link and have a look. So, Andrea, thank you so much. Really enjoyed it.

Andrea Nakayama Thank you

Niki Gratrix Thank you for coming. And I hope it's also been enjoyable for everybody listening. You've shared so much of your wisdom. Thanks.

Andrea Nakayama Thank you.