



Addressing ancestral and in utero trauma

Guest: Andrea Nakayama

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[00:00:09] Alex Howard

Welcome everyone to this interview where I'm really happy to be talking with Andrea Nakayama. Firstly, Andrea, welcome. Thank you for joining me.

Andrea Nakayama

Thank you so much. Oh, thank you, Alex, I'm so excited to be here with you.

Alex Howard

I'm really happy to have you. You're one of my favorite people to interview so I'm looking forward to getting into this. And I think this is a really important piece of the trauma dialogue, is what you and I were just saying before we hit record, that a lot of what we talk about is early childhood experiences, of course, adolescent experiences and adult experiences, but there are things that happen before birth that we come in with and they shape us. So I think this is a really important conversation.

To give people a 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 systems 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 practitioners and patients alike. Andrea synthesizes art and science, empathy and physiology, intuition and problem solving into a system that truly helps people to get to the root cause of their illness, create a path towards wellness and find their way back to life.

Andrea, I'd love just to start a little bit with some of your personal journey of why you're so passionate about nutrition and functional medicine.

Andrea Nakayama

Yeah. Thank you. And again, thank you for having me here and you're one of my favorite people to interview, too, so I always appreciate our conversations, and I appreciate that introduction.

My path to functional nutrition and functional medicine really came from a personal journey, and I think that's true of many of us in these alternative or integrative healing professions. And for me, that

really kick off point was when my husband, Isamu, was diagnosed with a brain tumor in April of 2000. And at the time I was just seven weeks pregnant with our son and really took all of my passion around health and nutrition, and it woke up a need to be looking at things in a different way.

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So, of course, that was a traumatic experience. We were catapulted into this new reality. There was certainly a before and after, and I can go through almost minute by minute, the 14 hours that my husband was in surgery with his first craniotomy, and there was a second one. And all of the journey of living in this altered reality with his illness, with my pregnancy. He did live past his prognosis. The prognosis was 6 months. He lived 2 and a half years. So we had 2 and a half years of dealing with a major illness and an infant.

And then, of course, his passing in 2002, being a single mom on this new journey all alone, and it really, like I said, woke me up to the need to look at things through a different lens and also the recognition of how a patient is treated in our current medical system. So much necessary work done, thank goodness for all those interventions, and there was something missing in the way that I found him to be treated like a diagnosis alone.

So for me, that was a huge awakening and it's been a journey since then, with my own autoimmune diagnosis, working with so many other people with unknown or misdiagnosed conditions and really being able to see where there are missing pieces in the current healthcare system.

Alex Howard

And I think those personal experiences and journeys do so much to inform the way that we work. And I think that one of your real contributions to our wider community is your work with the functional nutrition matrix. And, of course, part of your own experience of going through those different journeys informs the point that we can't just look at health from this narrow perspective of, you've got digestive issues so we're just going to look at giving treatment specific to that. We have to look at this whole picture. So just say a little bit about what the functional nutrition matrix is.

Andrea Nakayama

Yeah. Thank you. And I could say a lot about what the functional nutrition matrix is. It's adapted from the Institute for Functional Medicine's Matrix, with their gracious permission. And I really just took the concepts and reconfigured them a bit to be able to teach into how we all just take a big pause. Like you're saying, we're not just doing target practice when we're looking at, especially chronic conditions. And that pause is around three key areas that I like to look at and see how they intersect with one another.

And those are what I call the story, the soup and the skill. And the skills, which are those interventions, the things we're going to do, have to really reflect the story of the person and where they came from and what led them to this place where they're coming to us or where you're seeking help for yourself. And the soup is our internal terrain, everything from that GI function, that digestive function, our immune inflammatory balance, our oxidative stress, our hormones, the neurohormones, 8 different nodes that we're really thinking through to say, how do all these pieces form the puzzle that is you?

And when we take that time to step out of the quick fix or the fix it mode, we see the individual more clearly, and we hold them in a way that really honors their entire history.

[00:06:14] Alex Howard

Talking of which, so much of the dialogue and the intervention that we see is looking at the impacts of childhood trauma, looking at the impacts of adolescent adult trauma, but of course, so much happens to us before we even come into this world. Say a little bit about that piece, because I think it's a massively under-talked about factor and it's playing a big role.

Andrea Nakayama

Yeah. And it really is the conversation of epigenetics, when we're talking about what influenced what we're showing up with now, that happened earlier, before we even arrived here. Like what happened in generations before. And I think this was a really fascinating conversation. It brings us to what, on the functional nutrition matrix are called, the antecedents, also functional medicine matrix.

So that story part of the matrix are the ATMs, the antecedents, the triggers and the mediators. And what you're speaking about, Alex, is that we tend to look at the triggers in somebody's life when we're talking about trauma. What were those triggers that happened? Like I described about myself and my own journey. But there are also those antecedents.

And I find that in functional medicine we tend to think of the antecedents as our polymorphisms, our SNPs, our single nucleotide polymorphisms, and what's your MTHFR or your COMT or your mTOR, and we're not actually looking at, what is your lineage or your ancestry? Or what was the condition that your mother was pregnant in?

So I can look at this two ways. First of all, in the 1940s, there were the first investigations into how mothers who lived through famine, that impact that they were living through famine, what impact that had on their children and moving forward. So how did famine influence birth weight? And how does birth weight correspond with health outcomes? And how can we track that?

So the studies were originally done in the 1940s, and they weren't really picked up again until the 1990s where Dr David Barker, actually, I'm in Oregon, he was at OHSU here in Oregon for some time, really started to look at those epigenetic factors from pregnancy and recognize that there are connections.

So we can geek out on all of that study and research about how we are essentially what our grandmother's or mothers ate or even before that. But the more interesting part of the conversation for me, from a patient perspective, is how we actually embrace these parts of ourselves as true to our narrative life instead of feeling like we have blame for all those. Because we can't blame those things. Those things just are. They're just who we come with. And I think it gives us this beautiful opportunity to embrace our truth and our reality and where we came from and all the things that lead us to where we are today in this very moment.

Alex Howard

There's also something that I think can be very beautiful about recognizing lineage and recognizing our ancestors and the impacts of that. And I think almost whatever someone's background, whether it's a background of great privilege or a background of great poverty, there's often a lot of shame and a lot of judgment. And there's something about going, I love the way that you put it, that it just is. It's not right, it's not wrong, it's not good, it's not bad, it's just that's the experience. And yet if we don't bring that into our healing journey, we are negating a really important piece.

[00:10:10] Andrea Nakayama

Yes. I think, and this relates to your work, Alex, how we're kind of rewiring the neural networks when we have that level of acceptance about who we are and what brought us here, and we can see all the threads together. And for me, the opportunity in the matrix is to rewrite our story. So even though I'm teaching practitioners to use it, there are such huge benefits in us as patients being able to step out of the pain of the moment, the trauma of the moment that we're in and get a little bit of that distance, if we can, to see more broadly.

And that helps us to embrace some of the things that we may have disassociated from, again, going back to our ancestry. And we can look at this in relation to race, gender, ethnicity. I'm Jewish so what does that history through time leave imprinted in me, in my thoughts, in my body's response to itself, to my genes? How does all of that manifest? And I just think again, it allows us a little bit of that distancing and acceptance, and that provides us with a path forward.

Alex Howard

Yes. And of course, there's also different pieces. There's the piece of what's in our genetics, like we've inherited from our ancestors in that way. There's then the experiences we had in utero, like we already have the genetics, but the state of our mother and our early holding environments.

And one of the things that I had to work on a lot in my inner work was this constant sense of the world not being safe. And the realization that in utero my mom was divorcing my dad and she felt under threat and she felt in danger. And there was a sense that I'm going to have a second child and how am I going to support them? And realizing that and making sense of that suddenly explains so much of all of this, like what is this endless sense of the world not being safe? And somehow naming it and working with it had a really big impact then, of being able to actually find that place.

So maybe it's helpful to say a bit about the different places we can be impacted, from ancestors, from in utero to even birth trauma.

Andrea Nakayama

Yes. And I have to say in response to you sharing your story, I think a lot about my own story and also my son's story. Because he's 21 but when I was pregnant with him I was in essence, and I'm always shameful in saying this, negotiating away his life. I was telling myself, I only get to have one, and I'm not attached to the 7 week old embryo at this point. So let it be my husband, let him survive, let him survive. I was telling myself this, and it played out in my birth actually.

I gave birth at home in San Francisco at the time, but I had to transfer to the hospital because the placenta wouldn't deliver, and it was very fractured. When they took it out the connection wasn't strong with the placenta. Now he was determined to come, that boy, that son of mine, and he doesn't seem to have residual issues. I'm watching this lovely, admirable young man develop, but I'm always thinking, was the love that he was surrounded by during that time enough to offset some of the ways in which I was discordant with even being pregnant?

So, yes, you totally nailed it. What is going on in utero? And I just want to acknowledge that we don't all get to know, because either we don't have access to our mothers, we may be adopted, there's so many things that might lead to deficiencies in our knowing, and that's okay, too. That becomes part of our narrative, that we don't know that piece to fill in the blanks.

[00:14:22]

So certainly in answering your question, Alex, there's the experience we have in utero, in conception. Going back, yes, we have the genes of our ancestors, but we also have their lived and life experiences that are the epigenetic factors that influence us as well, because those genes may be expressed because of their experience.

So the epigenetics are the factors that bathe our genes and are really influenced by all the functional nutrition, good stuff, the food, the movement, the environment, the mindset, all of those things are changing and shifting the expression of the genes that just are the DNA. But that comes through time and is impacted throughout that history and ancestry that we experience.

So all of it, all the way up till birth, and then even gender assignment, these things are a huge part of who we are, how we arrive here and what that means for us. And then we start this next path forward of immunizations and antibiotics and illnesses and potential adverse childhood experiences. But we come in with some of that potential trauma already in place.

Alex Howard

I think there's another really important point you're making is that, as much as we come in with those genetics, with that programming, it's not a guarantee of how the rest of our life is going to be. And I think sometimes people think, 'well, that illness is genetic therefore there's nothing I can do about it'. And I know that an enormous part of your body of work is how do we change that pathway?

So maybe for those that have been brought up with this idea that genetics equals destiny, let's just say a bit about how much we can influence and change whatever it is that we come in with.

Andrea Nakayama

Yeah, huge, huge opportunities. The realm of epigenetics is really the realm of self mastery, in a certain way. And I don't want to make it like it's so overwhelming because we actually have influence over our cells pretty regularly. Cells are turning over pretty regularly. So again, when I think about any chronic health condition, I think of what I call the three roots, many branches, and every single sign, symptom, diagnosis. If you're thinking of one now that you have or that, or you know exists, that's usually a branch.

So if we think about those branches, we don't just want to address those branches, we want to go deeper and address the roots. And the root system consists of our genes, our digestion and our inflammation. And the more we can be working on those three roots and the soil they exist in, that's where we have our influence. And I like to think of that soil that the roots live in as that circle of influence. It's the area that we can really make an impact in our outcomes, our health outcomes.

And so for the genes, it is the food, the movement, the environment and the mindset. And that's vast. It is so vast. What we can think about with each of those things. Like food alone, it's not about right or wrong. It's not about being a perfectionist. It's about thinking about quality and quantity and diversity and timing as it relates to you, not as it relates to some dogma that's out on Instagram, but as it relates to you and your needs.

And so there's really a lot we can just start playing with that, again, I believe helps us to write our personal narrative because this is really about finding our journey, this being health, I guess. I really believe that we are all on our own journey and we might need guidance and support. But it comes

back to some of these non-negotiables in life, these understandings of where are their deficiencies for me? And those deficiencies, sure, they may be in nutrients, but they may be in joy or love or support or connection or being heard or hydrochloric acid in your stomach. And there's so many different ways we can come in and look at how we actually achieve optimal health and wellness, given what we've experienced before we got here, throughout our lifespan, to get to this moment right now.

[00:19:15] Alex Howard

Yeah. And I want to just amplify a point that you just made that I think is really important around this personalized approach. Because I think a lot of people, perhaps that are watching this, that have dabbled a little bit with functional medicine might have read a book which says 'this is the diet that everyone should be on'. Or they've seen a particular practitioner that's using a particular methodology that, 'this is the supplement protocol everyone should be on'. And you're making a point that it's much more complex than that.

Andrea Nakayama

Yeah. We are gloriously much more complex than that.

Alex Howard

I like how you framed that as a positive.

Andrea Nakayama

I think we want to embrace our individuality and at the same time we're so willing to give it away for some promise of what can happen for us.

And I was just remarking to a friend today how tired I am of Instagram battles around different ways of healing or viewing the body. It's all right literally in every sense of that word. And I think when it's most all right is when we kind of take the time to say, what works for me? And how do I not make my treatment part of my trauma story as well? Because it really can be when we're not embracing ourselves and when our practitioners aren't embracing the truth of the individual.

Alex Howard

Well, it's almost like what can happen is our treatment pathway becomes part of our identity. It's almost like we get a sense of safety through clinging on to a particular mindset, but that in itself can become quite toxic.

Andrea Nakayama

Yes, it can. And when we go back to that mindset, and even mindsets around anxiety or other mental health concerns, I'm not saying it's easy and I don't mean to say that shifting our mindset is like, 'just shift your mindset', but that, too, is a practice of finding what works for us.

Stress and trauma are a part of life, and we never know what's going to be thrown at us and in what way, and in what way our nervous system is going to respond. I'm not saying I have it all figured out or that I have it all figured out for the people I teach or the clients that we see, but that tuning in, I try to be really present with, where did my nervous system start? It's on fire and I'm looking at, what am I

doing? What are my support mechanisms or people or practices that I can start to look at why I'm responding in this way? And where is that rooted? Where is that rooted? And how can I actually start to shift the mindset for myself in small and incremental ways?

[00:22:20] Alex Howard

I think that's so important. And actually I want to bring in another piece as well that you touched on, around using the matrix as a way of offering trauma informed care. As opposed to just getting pulled down the pathway of just looking at food or movement. Say a bit about how that can help us work in a trauma informed way.

Andrea Nakayama

Yeah. I'm so glad you asked that question because I really believe that we, as practitioners, need to stop and assess. And in the way that I teach functional nutrition it's so much about the assessment and the assessment tools, before we even make a recommendation. And this is very hard for the practitioners I teach to adopt because they think their value comes in giving advice, having the treatment protocol. That's where their value is. So they worry that spending the time in the assessment is not going to be a good reflection of them.

But I believe that when we actually spend time there, A, our clients feel heard for the first time. They're saying, 'I never put those things together. Why are you making that connection?'. They come back to us with, 'You know what, I didn't tell you that this happened in my life', because we're really embracing motivational interviewing to take what we've gotten in an intake, go deeper into a timeline, the timeline then goes into a matrix, like we're really taking time before we say, 'You know what, I think we need to look at the eggs in your diet'. We're not doing that in a dinner party recommendation sort of way.

We really want to understand as much as we can about the individual and know that that's going to continue to evolve because it's a therapeutic partnership. We're in a partnership with that individual. So for me, these tools, particularly the matrix, really, I'd like to say they invite us to stop and assess, but my goal is to put brakes on for practitioners, and also for patients, and really being able to see all these things that have been disassociated in my history, in my body, actually start to work together to inform my care.

And that should give us time to embrace as much as we can glean from the traumatic histories of that individual, which, again, are vast. And I know you've spoken about it in depth throughout the summit, but there's so many things that add up in an individual's body and their response to those things, to a traumatic experience.

Alex Howard

It's interesting that you made this point around practitioners jumping in, because in our therapeutic coaching practitioner training, almost consistently when we get to our clinical supervision point, my feedback is nearly always, you jumped in too quickly to the solution.

But I like the way that you framed it, that it is, it's because people think that's the value, the value is in the solution. But I totally agree that the real value is in the diagnostic piece. Because the solution is actually often not hard. The bit that's really challenging is to see all of these bits and pieces and to find the right sequence and the right pieces to work with.

[00:25:58]

And also thinking about the patients, I think from the patient perspective it's sometimes challenging when you go and see a practitioner and you walk away from it thinking, 'I didn't tell them about that', and, 'They didn't seem to listen to that bit'. That often leaves people feeling more anxious that they're not on the right path.

Andrea Nakayama

Yes. And I think this is the place, Alex, that you and I always... There are so many places that our work drives, even though I may be looking more at the physiological, and you have the psychological, and you can't look at one without the other and we both recognize that.

And I think that idea that sometimes it's the dose, it's the pace, it's all of those things and when we're too hooked into the right protocol, whether we're practitioners or patients, then we're ignoring what is bio individual, we're ignoring what our body needs and the sensitivities that our system might have that are different than what the doctor, author published in their book, that works 80% of the time. I don't know, I sit in a 20% of the time. And for me, I'm really interested in serving the underserved population, which is the 20% of the time.

And I believe that most of us who have experienced and have physiologically been impacted by any sort of trauma in our lives, we end up falling outside of the norm because things have been shifted inside of our bodies, inside of our nervous systems, inside of our mental response, inside of our physiological response, our immune response, it's all impacted. And we have to recognize that as part of the steps forward. Which takes that time and patience and listening. And again, there's a part of me that's just really fascinated with the idea of narrative, our narrative, that we bring to the table and how we start to reconstruct the narrative that we have in order to obtain healing.

Alex Howard

Yes. And just another point I want to amplify, is this point around listening to the body and listening to the wisdom of the body. That I think so often practitioners can be too quick to follow protocols, and to follow lab results and to follow whatever, as opposed to the feedback that's right in front of them of how someone's responding.

Andrea Nakayama

Yeah. I think you know I like to call this, nonviolent communication with self. We know this realm of nonviolent communication, listen to your partner, hear what they're really telling you. And I don't think we do it with our own bodies. And there's gold in that when we say, 'you know what, when I eat that food, it doesn't work for me. I don't know what it is, but I'm going to listen for now'. 'When I take that supplement, I don't care how many functional medicine or integrative medicine doctors told me that's the one I'm supposed to take, it doesn't feel right for me'.

We think that we should bypass those things when there's gold, as you said, there's messages in every sign, symptom, diagnosis, response, there's messages in there. And there's a line between getting over attentive, where we're worried about every little thing that happens, but also listening in and getting curious about what that response means.

[00:29:39] Alex Howard

So we've spoken a bit around the personal, individual side of it, about the importance of listening to the body, and equally, I think it's true to say that there are certain patterns that, for a lot of people, there are simple principles that they can start to work with and follow. So when we embrace that story, we recognize who we are and how we've been shaped by ancestral pieces in utero, birth, early childhood. What are some of the fundamental principles in terms of supporting healing that you find are consistently helpful?

Andrea Nakayama

And it sounds so overwhelming when we're like, 'Whoa, all that comes with us', but it's actually beautiful. For me, when we think about epigenetics, I like to think of the three things, I mentioned two of them, non-negotiables, deficiency to sufficiency and dismantling the dysfunction. And that third point is where people usually jump. What's wrong? Let's fix it. And I prefer to spend time above. And there's so much we can be doing there that actually influences the dysfunction in the body, the thing we're trying to solve for.

So for me, easy things, they're complex to look at, but sleep, poop and blood sugar balance are three foundations to helping us find our way forward. And if we don't have those as a cornerstone it's hard to move forward and address any of the situations in the body that are also informed by the traumas that we've experienced.

So even focusing on sleep, and really taking some time to be curious and getting guidance if you need it, it really does support the entire nervous system coming into that parasympathetic state that you speak so beautifully about.

So again, we can't build on quicksand, and these things help us to detox, pooping, sleeping, help us to detox our patterns, they support our microbiome. So I think we're often looking for some big solution when the solutions are actually right in front of us. Again, they might not be easy. If you have big issues with sleep it's not like, 'go sleep', but focusing on that as a priority for me helps to shift the terrain in which we even process the traumas of our lives.

Alex Howard

Yeah, it's funny, sometimes we can be so quick to dismiss those fundamentals. It's funny you talk about sleep because our clocks just changed this last weekend so we got an extra hour of sleep on Saturday night. And I was, as I mentioned before we started recording, at the end of this really crazy period of things, and I hadn't been getting enough sleep. And I was like, 'It's great. I'll get up an hour earlier and I'll have a whole extra day'. And I just conked out and slept for 7 and a half, 8 hours. And on Sunday I was like, oh my God, we had like 14 people for a Halloween party, and I was like, oh my God. I sat there and I was like, 'I just want to cancel this party', but that extra hour's sleep I was like, 'Oh my God, I feel so much better'. It's so easy to forget how important those fundamentals actually are.

Andrea Nakayama

Yeah. And where we have to back it up, like, what might we have to weigh in the risk reward of things to say, if we don't get that hour, we only get that once a year, where do we get that hour on the other side? Once a year I get that extra hour. Yeah. So those little things really I think are so informative for us. And again, I know they seem overly simple and people want to dismiss them, but for me they really are the foundation that we start to build on.

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Each of those things, sleep, poop and blood sugar balance, are supporting our nervous system which is our response system to all the things that we're responding to that are historical and present day triggers, which are many.

Alex Howard

Just going back to the practitioner piece for a moment, it's also another really important point, because I think sometimes patients can be very demanding of, 'I want to go straight into the complex functional testing', and, 'I want to go straight into the complex protocols', but we're quite rigorous in our clinic around, we won't go there until we have fundamentals in place. Because a lot of people are served much more than they realize by fundamentals and often advanced stuff doesn't work as well without the fundamentals.

Andrea Nakayama

Exactly.

Alex Howard

It's interesting, though, because people want to go to the complex before working on the simple?

Andrea Nakayama

Yes and those simples, as you said, can be the thing that shifts the complex. I mean, we see it all the time in our clinic that the things that people don't want to focus on are actually the thing that actually brings resolution. They don't even have to do that next stage intervention. And I'm not saying there isn't a place for the intervention, but this is where I see the gaps in our current medical systems, all of them, that there isn't enough focus on these diet and lifestyle modifications.

And again, not in keeping with some standardized protocol, but in keeping with what's true for each individual. And I'm working with a group right now, actually a group of transgender practitioners looking at how does functional nutrition, if it can, serve this population? That's really where my curiosity lies. I'm also working with a group of military veterans. How can this modality serve these populations who have experienced more trauma of all different sorts? Like what's our way in when we're talking about potentially complex issues? If we talk about trauma, Alex, in general, the trauma these days around the body, for women, and around dysmorphia and diets, there's a lot of trauma right there.

So it's complicated to be a nutritionist in this conversation because we are talking about food changes. And what I have to recognize is sometimes we're not even starting with food. There are so many other ways that we bring nutrition to the body, through sleep, through meditation, we know this now. The research shows us that the body gets nourished in other ways. And so sometimes the food conversation isn't the first way in because of histories with disordered eating, dysmorphia, whatever it might be, it's pretty complex these days.

So what I'm finding is that there is a way that we have to fill this gap where there's a lot of distrust in the medical system because somebody hasn't been seen or heard as a whole. And there's other ways into delivering care that are more, as you said, trauma informed, that are more safe, that aren't rushing ahead, and that are holding the reality of how we actually move forward.

[00:37:23]

With one of those groups it's taken me 9 months to even get to the place that we can start talking about interventions. It took developing trust. It took really showing up as an advocate and an ally, not self proclaimed, and I still don't know the way in. And I have to be willing to not know and to be in the seat of the recipient, learning, as opposed to always showing up like I have the answers. And that's a gift to me as a practitioner. I love every minute of it because it puts me out of my comfort zone in knowing how to deliver care, and that's I think where we should be with each and every client or patient, because what they bring is the unknown. Always.

Alex Howard

I love that you're doing that work. And somehow the more humility we have and the more we put ourselves in the place of being out of our comfort zone and being honest that's where we are, that's where we really get to grow and learn.

Andrea Nakayama

Yes. Absolutely. And recognize that there are experiences, life experiences, lived experiences, that we may not, as practitioners, be able to know in our very own body. We might not be able to relate to it. But how is it that we make room and space to hear, understand, and hold it as part of the recommendations and the protocols that we're bringing forward an anti protocol? But when we're thinking about what are the interventions? What are the recommendations? How do I ensure that it's supportive of who I'm speaking to?

And I'm not going to know all the answers. I'm going to make mistakes. I'm going to be in, it's kind of fascinating to me, Alex, because science and medicine, but particularly science, is about always living in the unknown, always proving ourselves wrong. And yet somehow we've gotten into a place where we have to know the answers in medicine and in health care. And that's a really curious irony to me.

Alex Howard

It's a dangerous place, isn't it?

Andrea Nakayama

It is.

Alex Howard

Andrea, we could talk all day but for people that want to find out more about you and your work, what's the best way to do that and what's some of what they can find?

Andrea Nakayama

Yes. So thank you for asking. You can always find out more at fxnutrition.com. And from there you can learn more about the practitioner training program, my 10 month program in the Science and Art of Functional Nutrition, the podcast. My podcast, Alex, has been a favorite two time guest. We love those episodes. And anything else, my blog and other resources are over there. So fxnutrition.com will lead you to all those different places.

[00:40:35] Alex Howard

Fantastic. Andrea, thank you so much for your time. It's always such a joy to spend time together. Thank you.

Andrea Nakayama

Thank you so much. Alex.